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ABSTRACT

Prepared as a tool for those who work with Mexican American migrants, this manual is based upon documents and verbal narrations provided by persons involved in the Texas Migrant Council's Child Abuse and Neglect Prevention Project (caseworkers and employers of migrants in Texas and in northern "user" states, Mexican American migrants, child neglectors, and child abusers). Included are an index, 12 figures, 7 sections, a summary by professional consultants, reference material, recommended readings, and 4 detailed appendices. The first section briefly describes the project and the changes in its emphasis over the three-year period. The second section deals with demographic and cultural characteristics of Mexican Americans in the project (10 counties in south Texas). Following a description of Maslow's need hierarchy as a framework, each remaining section gives information about child abuse-neglect among the migrants in relation to five categories of need: (1) physiological; (2) safety; (3) social; (4) personal esteem; and (5) self-actualization. Major components in each category address situational and cultural aspects, the relevance of these aspects among the migrants, and some implications for assessment and assistance. (AN)

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A Manual for.

Understanding Child Abuse and Neglect Among Mexican -American Migrants

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A MANUAL FOR:

UNDERSTANDING CHILD ABUSE AND NEGLECT AMONG MEXICAN-AMERICAN MIGRANTS

Prepared by

Texas Migrant Council, Inc.

National Resource Center on Child Abuse

And Neglect for Migrants

and

Becker and Associates

San Antonio, Texas

January 1979

Texas Migrant Council, Inc. 1979

Acknowledgement

We wish to express our thanks and appreciation to all those who participated in, and cooperated with, our efforts to develop this Manual.

The dynamic involvement of the Texas Migrant Council project staff, from caseworker/counselors through supervisors and administrators, made this product possible. Particularly crucial and appreciated are the contributions of Abdon Ibarra and Mario Bermea, who respectively, initiated and sustained this endeavor.

Special acknowledgement is extended to the caseworker/counselors whose written and verbal reports of experiences constitute a significant portion of the content in this Manual; and to Betty J. Perez for the professional typing and report production skills which were invaluable in achieving a completed product.

We sincerely hope that this Manual will serve its intended purpose of increasing knowledge about and understanding of Migrant Child Abuse and Neglect in the Mexican-American community.

Thank you.

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A Manual for:
Understanding Child Abuse and Neglect Among
Mexican-American Migrants

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Introduction

This manual was prepared in the hope that it would serve as a useful tool for those who work with Mexican-American migrants. The content is based almost exclusively upon information - documents and verbal narrations of experiences - provided by personnel involved in the Texas Migrant Council's Child Abuse and Neglect Prevention Project. We have attempted to select material which would call attention to what was expected, what was known and what was learned as the project evolved.

The word evolved was carefully chosen here because in the first section of the manual, which briefly describes the project, it seems evident that while the basic philosophy, approach and goals were relatively constant there were changes in emphasis. Being non-judgemental characterized the philosophy. Establishing linkages between migrants and appropriate services describes the approach. However, over the three years during which the project was operational, emphasis was placed on different activities. At first it seemed to be on establishing factual knowledge about abuse and

neglect of children in the Mexican-American migrant community. During the second project year greater emphasis seemed to be placed on having service delivery personnel in "user" states understand what was learned by the project staff. And during the third phase emphasis appeared to be focused on obtaining commitments for providing continuity of protective services to Mexican-American migrants.

Information describing demographic and cultural characteristics of Mexican-Americans in the project service area is contained in the second section of the manual. It should be noted that information which seemed relevant to the purposes of the manual was selected rather than attempting to achieve a comprehensive or inclusive description. In recent years the quantity and quality of well documented, accurate information regarding minority groups per se and Mexican-Americans in specific has increased considerably. The recommended readings section of this manual should be consulted for those who wish to achieve understanding beyond the basic descriptions provided in the manual. Many universities in northern "user" states, as well as

in the southwestern home-base states offer courses, seminars and workshops which focus on Mexican-Americans.

Because the Texas Migrant Council staff traveled with winter garden migrants in-stream in addition to working with abuse and neglect situations which occurred in the home-base, they obtained insight through experiences which went beyond that available to protective services workers located exclusively in each area. In addition to providing an opportunity for understanding factors impacting migrants, the Texas Migrant Council staff was able to observe protective services orientations and approaches operational in Texas and northern "user" states. The third section of the manual contains information regarding each of the main groups of persons with which Texas Migrant Council Child Abuse and Neglect staff worked. We used a standardized technique to obtain information for this section of the manual so that comparisons of Texas Migrant Council's experiences with each could be made. This same technique was also used to determine the perceptions of project personnel regarding community and protective service personnel attitudes toward migrants. As a consequence

of their continuous involvement with both migrants and protective services providers, the Texas Migrant Council staff were a uniquely qualified group from which to obtain this information. While the techniques used to obtain this in-put maximized possibilities of comparisons, it cannot be denied that some detail concerning perceptions of each group was sacrificed. Such information is available in the Field Reports maintained by project staff, and was used in selecting the standardized technique reported in the manual.

The remaining portion of this manual focuses on factors related to child abuse and neglect in the Mexican American community. Following a brief description of MASLOW'S NEED HIERARCHY as a framework, each chapter provides information about child abuse and neglect among Mexican-American migrants in relation to need categories. The hierarchy provides for five categories of need which must be satisfied for a person to achieve self-actualization. We have combined some of these so that there are three - Physiological and Safety Needs, Social and Personal Esteem Needs, and the Need for Self-Actualization.

Within each of these categories we have selected information provided by the experiences and knowledge of Texas Migrant Council staff in trying to understand child abuse and neglect among Mexican-American migrants. Major components in each category of need address 1) situational and cultural aspects, 2) the relevance of these aspects to child abuse and neglect among Mexican American migrants and 3) some implications for assessment and assistance.

This manual is intended to provide a basic tool for understanding. Perhaps, its major strength will be to serve as a guide to those wishing to persue additional knowledge. We respectfully suggest that there is no tool box which contains a single tool which will do every job. Hopefully this manual will stimulate the reader to acquire additional information specific to working with child abuse and neglect among Mexican-American migrants. We sincerely hope that this will be the case.

1. Migrant Child Abuse/Neglect Prevention Project

Migrant Child Abuse/Neglect Prevention Project

According to a June, 1977, NCCAN publication entitled Innovative Treatment Approaches for Child Abuse and Neglect

> As researchers and workers began to view the abusive situation less in terms of the parent-perpetrator/child-victim, and more as a dynamic interactive situation in which the family itself is the victim, they began to emphasize the need for more comprehensive treatment and services for both parents and children. This emphasis was based on the perceptions that child abuse and neglect is symptomatic of a whole range of family difficulties and dysfunctions, frequently including economic and environmental problems, and that a narrow or single discipline treatment approach cannot cope with the psychological, medical, social, and legal ramifications of abuse. The more recent literature advocates programs focusing on the family as the unit of treatment.

It would appear that the Texas Migrant Council project proponents were particularly aware of these ideas as they developed their proposal.

Goals and Objectives: A review of the statements in materials provided reveals the following series of statements by type and time period.

Objective - First Year

> In the migrant...mobility, unemployment, poor health status, underemployment, discrimination, and other social ills faced by this group place stress on the quality of interaction between child and parent. . . .
>
> Therefore, TMC, proposes to 'bridge the gap' between

child and parent... through the strength of the extended family in the Mexican-American community.

Description of Goal - Second Year

1. The use of the extended family has grown in scope since it has become an instrument of much potential in helping migrant child abusing families. The enlisting of the extended families, usually in a distinct living arrangement has much potential in...child placement situations.

Statement of Goal Objectives - Third Year

1. The use of the extended family has been slightly modified to increase its potential in helping migrant child abusing families. Using the extended family to reinforce counseling and treatment is still a very significant and integral part of service delivery to migrant families.

We would be negligent if we did not point out that even though the goals and objectives of the project seemed most consistent with NCCAN perspective on trends in treatment - the proposal was funded as research and demonstration rather than service delivery on a long term basis. The preceding statement seemed necessary to maintain the idea that the manual would serve as a tool to understanding. It should also be noted that the shift in defining the role of the extended family constituted a change in emphasis based on experience.

Figure 1 (see next Page) contains the annual objectives enumerated by the Texas Migrant Council Child

Abuse and Neglect Prevention project. It seems clear that with each year there were four (4) essential components which remained relatively constant. It also seems clear that the additional objectives in the second and third year tended to have an institutional emphasis. Also these objectives tended to involve documentation and creation of material for use by other professionals in service delivery. There were two categories in the first year statement of objectives which did not appear in the second and third years - #2. Prevention, and #3. Identification and Intervention. The omission of these items is accounted for by the fact that in subsequent years these concerns appeared to some extent in the form of statements in the project action plans.

Project Action Plans: These statements were developed in conjunction with the goal and objective statements for each program year. Funding for the initial period was provided somewhat later than anticipated and as a consequence project staff did not receive preparatory training before they began their in-stream experience. Through conducting semi-

structured interviews and reviewing field notes it appears that the staff, particularly counselors, were not totally aware of the lack of clarity which they encountered concerning exactly what constitutes child abuse and neglect. It seems that the situation was further confused by the fact that legislation and specification of procedures varied from one state to another. And another fact which appears to have created some problems was the wide range of interest in and knowledge about Mexican-American migrants among service workers in the northern states. In some areas where the Texas Migrant Council personnel were prepared to encounter a lack of knowledge or perhaps resistence they were comparatively well received by informed individuals. Of course the opposite of this scenario also occurred.

In October of 1977 a statement appeared in an NCCAN publication entitled Child Abuse Case Identification and Reporting which would have prepared the staff for what they encountered. In the second section of that document regarding difficulties in defining abuse it states:

> Differing norms and values of professional disciplines, cultural or ethnic groups, or socioeconomic classes

> come into play, depending on the identity of the observer or potential reporter and that of the suspected perpetrator of abuse. It is generally agreed that this lack of concensus on the definition of child abuse and neglect is one of the most troublesome problems in this area. Researchers and practitioners are still faced with a variety of imprecise and nonuniform definitions, a fact that affects all aspects of work in this field - from prevention through identification and reporting, to case management and treatment, and research. Thus, when trying to identify an incident of suspected abuse, the potential reporter, lay or professional, may have little guidance from official definitions of abuse, be they legal or administrative.

In the paragraph following the one quoted it states that

> There is widespread consensus that certain kinds of behaviors are obviously wrong and there are strong social sanctions against them. But there are gray areas having to do with punishment and discipline in which consensus does not exist. This is particularly true where different cultural, racial, and ethnic groups have varying ideas about what is or is not acceptable. Consequently, the problem stemming from the lack of a universally accepted official definition of abuse is compounded by the existence of a number of culturally determined attitudes and values concerning child-rearing. (pp. 3-4)

While an awareness of these pronouncements may not account for the changes in objectives statements mentioned earlier, practical experience of a rather frustrating nature (which given these quotes could have been expected) undoubtedly contributed.

The action plan statements for each program period are considerably more detailed than the statements of goals and objectives statements. Appendix A contains

copies of Project Action Plan submitted for each year. In our opinion these plans are very ambitious given the time period, personnel and problems involved. Indications from verbal comments and written documents suggests that those who staffed the project allowed their sincere concerns about preventing child abuse dominate in preparing these plans. It is not that they were overcome with a "crusaders zeal and enthusiasm" but the plans seem to approach the limits of what could reasonably be achieved. The change in emphasis from extended family as a major placement to a source of reinforcement is explained in the first pages of plans for the second year and third year.

Protective services programs, whether they are public or private, have a notorious reputation for high turnover in personnel. This is usually explained by some reference to a "burn out" factor caused by relatively continuous exposure to "man's capacity for inhumanity." Sufficient attention to this problem can sometimes avoid difficulties; however, the migrant child abuse/neglect project, given the extensive action plan, was really handicapped when staff had to be replaced.

We received only one version of the staffing pattern and job descriptions for the project. It appears that while objectives and action plans changed in emphasis the staffing distributions remained approximately the same. The project staff originally consisted of a director, two supervisors, eight case workers and two information coordinators plus support personnel. This distribution seems most reasonable in relation to goals, objectives and action plan for the first year. Eight of thirteen (62%) were engaged in direct service delivery and contact with Mexican-American families. However, by the third project year there were eleven objectives and slightly more than half involved direct service delivery. Again in the project action plan the third year involves considerably more non-direct client contact than the first year plan. It seems reasonable to have had a redistribution in terms of what individual staff positions involved.

Roles and Responsibilities: The project was developed and staffed in a manner intended to maximize achieving the first year's goals. The job descriptions were written in comparatively general terms (see Figure 2, next page) with a degree of candor and

Figure 2: Position Title and Job Description
Texas Migrant Council Migrant Child
Abuse and Neglect Prevention Project

Program Director - Project Director would supervise all activities of the program. This person will have a degree in Sociology or Psychology with at least two years experience in the realm of child abuse. Project Director would be ultimately responsible to the Executive Director of Texas Migrant Council. Project Director would conduct all public relations with supportive agencies. He would have all administrative powers of the project. Arrangements for training, meetings, and all necessary functions for the project's success will be his responsibility.

Mental Health Supervisors - These people will also be professionals in the area of Mental Health. They will provide necessary technical assistance to caseworker/counselors in the best methods of approaching and dealing with the families. Another function of these personnel will be to compliment all work done by the caseworkers by assessment of results and gaging progress with cases. These Mental Health Supervisors will also be involved in direct contact with families to find any other reason for their comportment in the areas of child abuse.

Caseworker/Counselors - The bulk of the work will fall upon the caseworker/counselors. These people will be recruited from the migrant population of the different areas. Experience in some type of social work will be a criteria for employment. Their function will be to contact families that have problems with child abuse and neglect. They will also contact the extended family for possible solutions of problems faced by the nuclear family. All direct contact will be made by these workers and all peripheral problems of the family will become their task to solve. Finding resources for day care, food stamps, medical attention, and all other contributing factors that could possibly affect the well-being of the families involved. Caseworkers will attempt to act as liaisons between state child abuse agencies and the TMC child abuse program. In summation, the main function of the caseworkers will be to counsel families and aid them with their immediate problems, using referrals or other methods to tap in to resources needed by families. All state mental health programs and supportive services whether public or private will be approached in the caseworker's problem solving mission.

Information Coordinators - These people would also be employed from the migrant populous of each area. Their main responsibility will be to gather all available information on child abuse and neglect topics, providing training information to staff, parents in general, and client families. Searching for specific information related to a specific need will also be their functions in keeping with the new methods of dealing with the abused or neglected child dealing with the parents, and keeping abreast of all federal and state agencies policies and goals in relation to child abuse, treatment, and intervention.

Secretary - Secretary will function to record all activities of project and act as an administrative assistant to Project Director.

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honesty not frequently found in such statements - note the first sentence in the description of the caseworker /counselor position. While this approach may be quite functional in recruitment and establish working relationships, difficulties can occur when specific expectations are deferred until after the project is staffed.

Throughout the project the most crucial expectations to be clarified were those of the caseworker/ counselor role. Content of the first training sessions focused on the values, attitudes, beliefs and expectations of the caseworker/counselor personnel. Also included were efforts to obtain information acquired through the in-stream experiences which would clarify the concepts of child abuse and neglect. We expected some very definitive, specific absolute set of standards to emerge from this exercise. Falling short of that goal we hoped to be able to determine what criteria were usually employed to make a decision as to whether or not a given behavior was abusive or neglectful. Ambiguity is the one word which characterizes, summarizes and most accurately reflects the state of the art. Understanding that this is the case does not constitute

a tool for doing something about it, however, internalizing this reality seems to help reduce feelings of inadequacy, guilt and remorse among those who attempt to intervene in child abuse and neglect situations.

Through a series of projective techniques we attempted to compile an array of characteristics which the Texas Migrant Council caseworkers believed to be important in order to meet the requirements of persons in their position. (See Figure 3, next page)

As the project evolved during the second and third funding years it became increasingly necessary for caseworker/counselors to give presentations and develop educational material.

Administrative and supervisory role expectations initially tended to emphasize the last two tasks mentioned as assumed by caseworkers - presentations and material development. The caseworkers were providing details which were compiled, edited and distributed by administrators or supervisors. Both these roles also required a large investment of time in coordinating travel and meeting schedules. Assertiveness, being articulate as well as familiar with bureaucratic

Figure 3: Characteristics which Facilitate Performing the Migrant Caseworker/Counselor Role (not prioritized)

Internalization of the reality that anyone is capable of abusing or neglecting a child.

A non-judgemental attitude manifest by utilizing well developed listening skills.

Self-awareness of attitudes, beliefs and values, especially as these might operate and be revealed in relation to abuse/neglect.

An intimate knowledge of the situation and culture of the Mexican-American migrant.

Awareness of and willingness to accept the fact that your family, friends and community might use your behavior as being a model of appropriate parent-child interaction and family dynamics.

A functional knowledge (since absolute knowledge seems impossible) of the various legal, moral and ethical issues and definitions involved in abuse and neglect situations.

functioning seem to be most vital characteristics for administrators in this type of program.

One problem which arose was the necessity to negotiate contractual arrangements, at state and various local levels, that specified the relationship between existing protective services programs and this Migrant Council project. While caseworkers encounter ambiguity in defining abuse/neglect, administrators and supervisors sometimes found it difficult to achieve a clear delineation of authority and territoriality in obtaining agreements for cooperative efforts. Appendix B: Michigan Department of Social Services - Texas Migrant Council Agreement contains documentation of a successful outcome to such efforts. Unfortunately there is no detailed record by either party to the agreement as to the time, energy or process involved in reaching this end. All we have are the documents to serve as a model.

Mexican-American Migrants - Project Service Area

Mexican-Americans are not the only population group in the United States to work as migrants, however, they are the target population group for this project. Mexican-Americans are the second larget minority group in the United States, numbering over six million persons. While estimates vary it is safe to say that approximately 90% live in five Southwestern states: Arizona, California, Colorado, New Mexico and Texas. While Mexican-Americans are a most distinct group they are also a most heterogeneous population. Because they are an ethnic group, rather than a racial group, the Bureau of the Census has difficulty determining what characteristic - Spanish surname, country of origin or Spanish language - to use for classifying and counting them. Similar definitional and criteria problems complicate achieving an enumeration of migrant workers. The Texas Migrant Council provides services to those who register with any one of the many programs offered by the Council.

Demographic Description: The Migrant Child Abuse and Neglect Prevention Project covered a service area of

ten counties in South Texas. The map (see next page) Figure 4, shows the ten counties and major communities in each involved in the project. They were selected based on the fact that there were existing sites with facilities from which to carry out this particular project. This explains why the two counties along the Rio Grande River between Webb and Hidalgo counties were not included.

Table I (see next page) shows the total population and percent of the population which is Spanish-surname (Mexican-American) in each of the counties in the project service area. The point was made in the first paragraph that a large proportion of the Mexican-American population lives in five Southwestern states; the table shows that they constitute a large proportion of the population in these counties. None of the counties has a population which is less than one-half Mexican-American. In every county in the project service area, except Uvalde and Frio, more than three in four persons (75%) is Mexican-American. There are three counties which have relatively large cities (SMSA's): Hidalgo, Webb and Cameron. For all practical purposes, however, these are still essentially rural areas. With

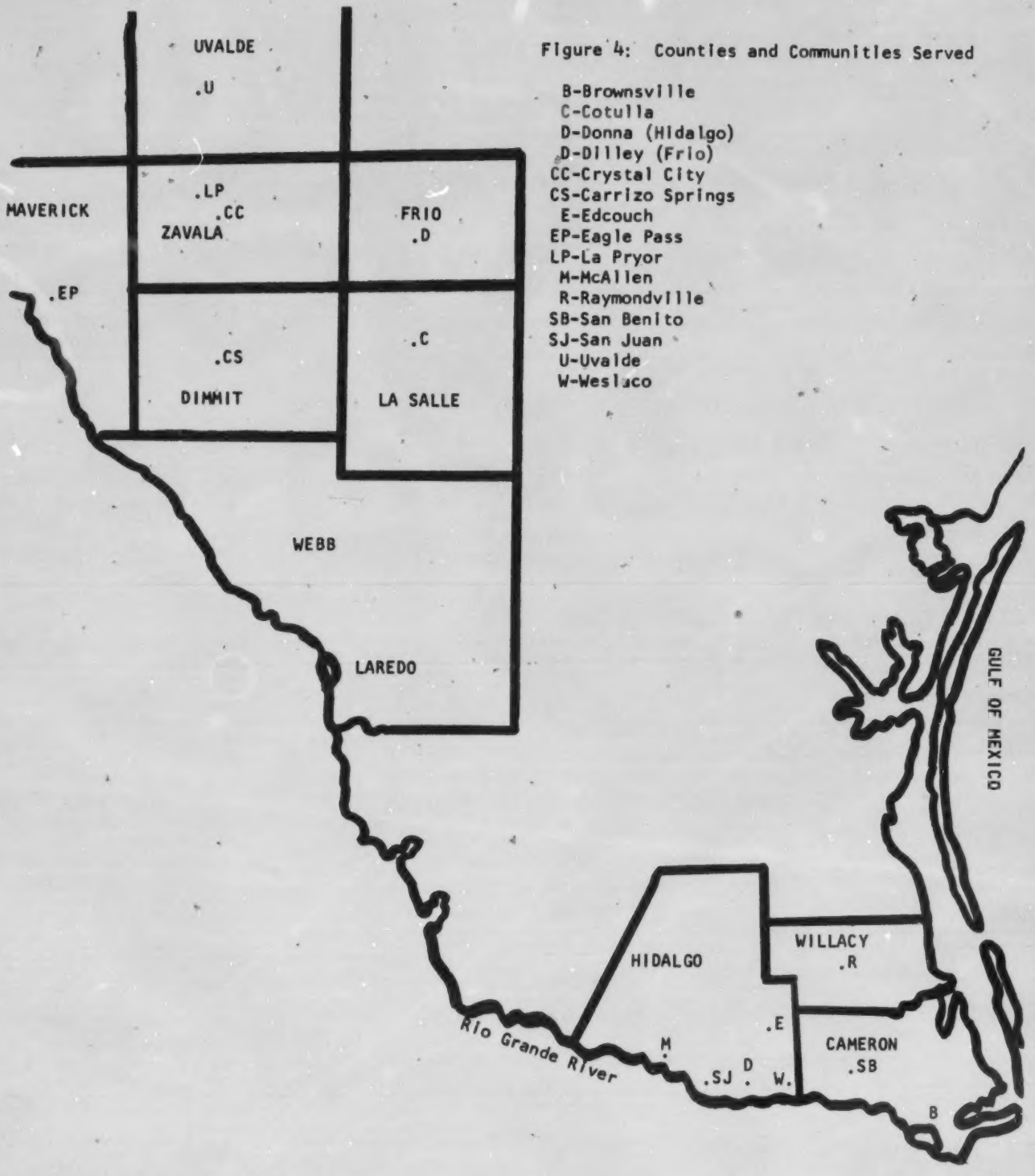


Figure 4: Counties and Communities Served

B-Brownsville
C-Cotulla
D-Donna (Hidalgo)
D-Dilley (Frio)
CC-Crystal City
CS-Carrizo Springs
E-Edcouch
EP-Eagle Pass
LP-La Pryor
M-McAllen
R-Raymondville
SB-San Benito
SJ-San Juan
U-Uvalde
W-Weslaco

Table 1: Descriptive Demographic Characteristics: Migrant Child Abuse and Neglect Prevention Project Service Area by County, 1970* and Number of Migrants, 1976**

County	Total Population	Spanish Surname 1970 N	Spanish Surname 1970 % of Total	Number of Migrants 1976
Maverick	18,093	16,347	90%	10,326
Uvalde	17,348	8,802	51%	1,491
Zavala	11,370	9,275	82%	6,921
Dimmit	9,039	7,381	82%	4,373
Frio	11,159	7,711	69%	1,561
LaSalle	5,014	3,931	78%	2,221
Webb	72,859	62,380	86%	17,728
Hidalgo	181,535	143,611	79%	63,199
Willacy	15,570	11,961	77%	4,509
Cameron	140,368	107,000	76%	53,221

Sources: *Census data for the State of Texas; Selected Demographic and Health Characteristics - County Summations - 1970.

**Texas Governor's Office of Migrant Affairs, 1976.

out wishing to appear to be "Texas braggards" and in attempting to explain why these are essentially rural we would point out that the land area involved is rather extensive. Table 1 also shows the number of migrants residing in each county in 1976 as reported by the Texas Governor's Office of Migrant Affairs. While direct comparisons may be inappropriate because the data is from different sources the patterns are discernable. The counts clearly show that migrants constitute a relative large population group; not every Mexican-American is a migrant; however there are fewer migrants in counties with smaller proportions (Uvalde and Frio) of Mexican-Americans.

Reference is made in the newspaper article (following page) to the idea that income and education (rather the lack of each) were frequently factors which seemed relevant to understanding behavior in general and abuse or neglect in particular. Without attempting to determine causes or explain why, but in order to describe and contribute to understanding we offer a comparison of incomes in the counties served. Table 2 (after article) shows the annual median income of all residents and

Table 2: Median Family Income - Total Population, Spanish-Surname and Difference by County, 1970
(In Dollars Per Year)

County	Total Population	Spanish Surname Population	Difference
Maverick	$4,509	$3,906	- $ 602
Uvalde	5,612	3,886	- 1,726
Zavala	4,981	3,983	- 998
Dimmit	4,061	3,527	- 534
Frio	4,925	3,723	- 1,202
LaSalle	4,055	3,000	- 1,055
Webb	4,977	4,445	- 532
Hidalgo	4,775	3,957	- 818
Willacy	4,155	3,347	- 808
Cameron	5,067	4,073	- 994

Source: *Census Data for the State of Texas; Selected Demographic and Health Characteristics - County Summations - 1970.

Spanish surname residents, as well as the differences for each county. Because the proportion of non-whites living in this area is so small this table is essentially a comparison of Anglo versus Mexican-American median family incomes. The median is that point at which one-half the residents are on either side of (above or below) the income figure in the table. For example, in Dimmit county half the families have incomes of less than and half have incomes of more than $4,061 per year.

On the average median income for the residents of the project service area is approximately $4,713 ($392 monthly), while for Mexican-Americans it is $3,785 yearly ($315 monthly). Both figures are well below the $659-$725 per month mentioned in the newspaper article. The median income for Mexican-American residents is approximately $3,785 annually. The difference between median family incomes, comparing total and Mexican-American, is largest in Uvalde and Frio counties which have, comparatively, the smallest percent Mexican-American population. The absence of affluence is exaggerated somewhat. There are a few extremely wealthy families in this area which is not reflected in the tables, And of

course not all of those enumerated as Spanish-surname are migrants either.

The educational underachievement of Mexican-Americans, especially in South Texas public schools, is a phenomenon which is undoubtedly familiar to most readers. The causes and consequences of not completing a given number of years of education are not topics which can be easily discussed. Some people question whether minority students drop-out or are in essence pushed out. While some think that failure to graduate from high school or college means permanent occupational doom, others consider it relatively unimportant in succeeding in life. Table 3 (next page) shows the percent of persons in each county and the percent Spanish-surname completing fewer than 9, 9-11, and 12+ years of school.

What really seems to be clear is that the percentage of Spanish surname persons with less than a nineth grade education is, in every county, larger than the percent with that level of education in the total population. While the reverse is always the case in terms of the proportions completing 9-11, or twelve plus years of school. Looking at the proportion of persons in the

Table 3: Percent of Population - Total and Spanish-Surname Completing Fewer Than 9, 9-11, and 12 or More Years of School - by County 1970

County	Total			Spanish Surname		
	Fewer Than 9	9-11	12 +	Fewer Than 9	9-11	12 +
Maverick	64.4%	11.4%	24.2%	71.5%	9.7%	18.8%
Uvalde*	44.6%	20.0%	35.4%	72.4%	12.9%	14.7%
Zavala	69.6%	9.1%	21.3%	85.4%	4.9%	9.7%
Dimmit	66.8%	12.6%	20.6%	82.2%	7.7%	10.1%
Frio*	51.8%	17.7%	30.5%	75.8%	11.6%	12.6%
LaSalle	63.5%	14.8%	21.7%	86.3%	8.5%	5.2%
Webb	57.5%	10.4%	32.1%	63.0%	9.6%	27.4%
Hidalgo	59.3%	10.4%	30.3%	75.7%	7.8%	16.5%
Willacy	60.7%	11.8%	27.5%	79.6%	6.5%	13.9%
Cameron	53.1%	11.9%	35.0%	69.5%	9.6%	20.9%

Source: *Census Data for the State of Texas; Selected Demographic and Health Characteristics - County Summations - 1970.

total population there are five counties in which 30% or more have completed twelve plus years of school; and none in which less than 20% have completed twelve plus. In contrast, there are no counties in which 30% of the Spanish surname population has completed twelve plus years and only two (Webb and Cameron) in which the proportion exceeds 20%. Uvalde and Frio counties have the largest percentages of total population with 9 or more years of school completed (55.4% and 48.2%); while the largest proportions with 9 or more years among Spanish surname populations are found in Webb (27%) and Cameron (20.5%).

Webb county distributions of percentages show the least difference between population groups in each category of completion. It is our impression that the Laredo school system has a number of special programs which may not be available in less urban areas. The cycle of poverty (if by that we mean that underachievement in school leads to being under paid or underemployed) would seem to be operational to a considerable extent in the project service area. It would also seem that occupations which did not necessarily require a great deal of

formal education would find a relatively large available labor pool in this area. While we have presented only a few selected demographic descriptions we are relatively certain that other tabulations would follow essentially the same patterns indicated here.

It is extremely important to remember that the Mexican-American migrant population has survived without the benefit of large numbers of persons attempting to understand or assist them. While as a group they may not accumulate years of school completed, their daily lives seem to demonstrate an intelligence, insight and ability to overcome adversity. There are those who maintain that various aspects of the Mexican-American migrant culture are particularly instrumental in their capacity to endure.

Cultural Characteristics: Most people have an idea or impression about the life style and culture of the Mexican-American migrant. This section presents some general concepts and explanations which may or may not entirely agree with what you in particular have experienced. This information is primarily an introduction for those with little or no exposure, and a reminder for those with some knowledge. The following passage by Ralph Linton

seems to convey the intended message more effectively.

"In someways: All men are like all other men
All men are like some other men
All men are like no other man."

We have already suggested that the Mexican-American is a heterogeneous population within which migrants are one of many unique groupings. In a recently published Sociology text, J. W. Vander Zandin states, "Nobody observes culture directly. Social scientists 'observe' words, actions, and things. Through putting together various observations, we can speak of some kind of system called [Mexican-American] culture,. . . . In a word culture is manifest in human behavior."

In Figure 5 (see next page) we have attempted to present some characteristics in a way that stresses functions of culture and uses examples from experience with Mexican-American migrants. Concepts and definitions or phrases used will be elaborated upon in this discussion - Figure 5 is merely an outline or guide. The categories in the culture <u>per se</u> column will be used to structure the discussion.

The first three entries in the culture <u>per se</u> column

Figure 5: Characteristics of Culture, Mexican-American Culture and Migrant Life Style

Characteristics		
Culture *per se**	Mexican-American Culture	Migrant Life Style
Culture is:	Emphasis on:	Behaviors expected:
Learned	"La Familia"	Family works as a unit
Transmitted through generations	"Compadrazgo"	Godparents integral
	"Respeto"	Grandparents respected, deferred to, integral
Socially shared	Spanish language	Basis for identity /membership/ interaction
A statement of the ideal	"Dignidad"	Mutual respect in interaction
Gratifying	"Personalismo"	"Abrazos"
Adaptive	"Cada cabeza es un mundo"	Choice is individual prerogative without challenge or interogation
Integrative	Religious devotion	Commitment to tradition "palabra"

*Adapted from George P. Murdock, "The Cross-Cultural Survey," American Sociological Review, 5 (1940), pp. 361-370 by J. W. Vander Zanden, Sociology: A Systematic Approach, The Ronald Press, New York (1970), pp. 34-36.

deal with how culture is acquired: it is learned, transmitted through generations, and socially shared. In the Mexican-American culture special emphasis is placed on "La familia." A person's family is extremely important - it provides an identity to be defended, and a high level of loyalty and devotion. The family establishes an individual's status and can be counted upon to be accepting. Agreeing to be a godparent - compadrazgo for a child means being willing to accept an important responsibility in regard to another's child. Tied to religious beliefs, the responsibilities are numerous and expected to be taken seriously. The grandparent role is equally important and integral to the socialization of children. Each of these ideas establishes a set of interlocking responsibilities and rewards which formalize an expanded network which becomes "the extended" family. The language in which these arrangements are most frequently finalized is Spanish. Having evolved through traditions - Spanish is the language in which the nuances are most clear. Very seldom

are such relationships specified in a written contractual type agreement.

These cultural beliefs and practices seem to facilitate being able to cope with the demands of the migrant life style. The emphasis on family as a unit reinforces the idea of laboring together as a unit to achieve a desired goal. The clearly delineated status structure permits unilateral decision making by the head of household. The relationships with compadre/comadre expand the number of persons linked together in shared responsibility. Given the inclination to defer to elders and give them a role in the family provides a means for child care to function as an opportunity to transmit the traditions and culture through generations. The use of Spanish allows communication which has an element of exclusiveness thereby conferring a special "insider" status to those who can participate. Appendix C contains descriptions of various health care practices, some of which for the person not familiar with such behaviors, might seem to be more harmful than helpful.

The next three entries in the culture <u>per se</u> column suggest that it: constitutes statements of ideals,

is gratifying and adaptive. Within the Mexican-American culture it is anticipated that interaction between persons will follow the tenets of Dignidad, essentially the belief that every individual, whatever their position in life, deserves to be treated with respect and consideration because they are a person. Conferring a higher or lower status or treating someone disrespectfully because they have less education or income is unacceptable behavior. In Anglo culture "putting on airs" or acting haughty is frequently ignored and dismissed as unworthy of a response. This is less likely to be the case among Mexican-American migrants. Personalismo involves concepts of interaction in that it clarifies the relationships between individuals. Friendship is established only when acceptance, honesty, warmth, empathy and concern for the others "dignidad" are evidenced. A behavior which indicates that such a relationship exists is abrazos - embracing or hugging when such a relationship exists. Depending upon the situation this may take the form of merely touching, but it would definitely go well beyond the shaking of hands common to most Anglo contacts. Regarding the adaptive

aspect of culture; there is the saying "Cada cabeza es un mundo." Literally translated this means "Each head is a world." As an indicator of the adaptive nature of the Mexican-American culture it suggests that each individual uniquely defines their world. Generalizing about how others think or feel based on the ideas of one person is inappropriate. Implicitly it condones the heterogeneity which exists within the Mexican-American culture. It sets parameters, limitations on those decisions about which an individual may be challenged or expected to explain. It serves as a rationale for individualism and as a mechanism for dismissing inappropriate inquiry concerning motives. Given the relatively high degree of unstable environmental and situational factors, e.g. weather affecting crops, poor roads, dishonest tradespersons, unfair employers, it seems most functional to be able to have a culturally acceptable ready-made rationale for individual decisions.

The last characteristic of culture is that it is integrative. While not every Mexican-American practices Catholicism, most do. While it may be a gross generalization it seems accurate to suggest that the various

rituals and practices of the Catholic church (especially prior to Vatican II) placed emphasis on verbal communication. Catholicism also provides for an array of Saints to deal with specific types of situations. The life style of the migrant seldom involved written agreements or contracts.

Palabra emphasizes the binding nature of verbal promises achieved through "speaking" with rather than "talking to" a person as a preferred communication style. The appropriateness of this perspective from a Catholic point of view seems transparent. The various Saints can be communicated with as situations for which they are concerned arise, e.g., San Martin Caballero is called upon for success in business, San Martin de Porras and the Virgen of Perpetuo Socorra help when there are problems of illness or proverty; and until recently Saint Christopher could be called upon to protect travelers. We have already suggested that the compadrazgo system is integrative, as well as religiously based. In "La Familia" the status of women is idealized in the image of the Virgen de Guadalupe, "Personalismo" might even be said to be operationalized in communication between priest and parishioner. Also in the practice of verbal rather than written agreements between grower and migrant.

We have attempted to present a brief basic description of Mexican-American cultural characteristics and

relate them to both a systematic definition and life-style. In some instances the linkages may seem vague and the examples contradictory to interpretations or inferences of other authors. There may be those who feel that our definitions and examples are abusive in terms of what these concepts mean, and others who think we have neglected vital aspects of culture. If you have understood, you can most likely predict and appreciate our response - "cada cabeza es un mundo, amigo mio."

Migrant Position Network - A Concept Approach

In the first chapter of this Manual we described the Roles and Responsibilities assigned to each position within the Migrant Child Abuse/Neglect Prevention Project. With the exception of the enumeration of characteristics which facilitate the migrant caseworkers' role (Figure 3, p. 12), the content of that chapter dealt with the planned activities and anticipated experiences. Even the characteristics suggested seemed to reflect an ideal or goal orientation as opposed to a description of the realities involved in migrant child abuse and neglect. This is not to say that the characteristics indicated are invalid or inappropriate - only that they should be considered along with additional information. The staff had made daily logs of their activities and encounters while traveling in the migrant stream. They also maintained case files and recorded referral, intervention and follow-up information. Therefore, the volume of material available was not a problem; the difficulty was synthesizing it in a summary fashion.

As we gathered data from caseworkers and supervisors

it became increasingly apparent that two things were needed in order to organize that information. One, there needed to be a way to capture the very diverse impressions and perspectives of each worker's experiences with the various persons with whom they worked. Two, the method used needed to be systematic so that comparisons could be made, and simultaneously allow for specific, as well as, general understanding.

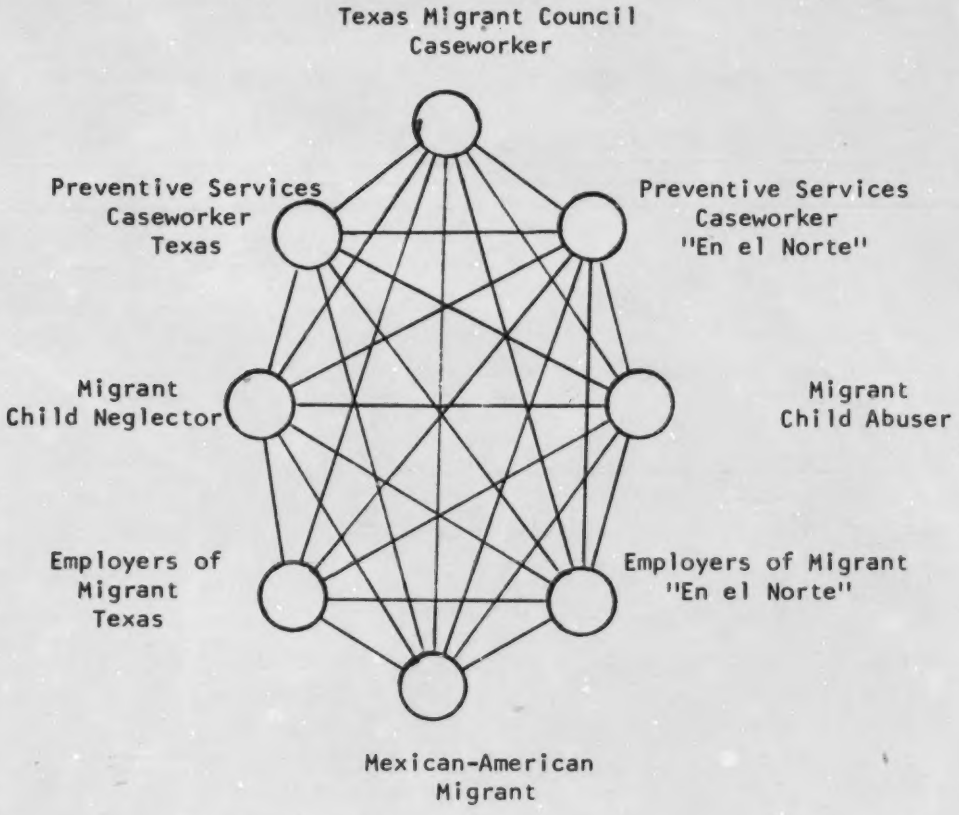
From their field notes and discussions with the caseworker it became apparent that <u>in their work</u> they interacted with people in a relatively fixed array of categories: migrants <u>per se</u>, protective services workers, migrant child abusers and neglectors, and each other. While there were many detailed accounts of contacts and interactions it seemed possible to identify themes: whether the contacts went well or were good - essentially worthwhile; another theme was whether or not the contact was productive - could control or influence the world around them, and a third dealt with whether those involved actively participated.

We have established an explanation which leads to the methods we selected to address the two areas of need

identified earlier. To meet the need for information on the diversity of people contacted we defined the categories of persons listed as a Position Network. To obtain systematic, comparable information we used the Semantic Differential as a data synthesizing technique. Appendix D contains information on the background and specifics of each.

The migrant child abuse/neglect caseworker is a position within a system of positions that relate to each other. As a TMC caseworker, an individual behaves in certain ways, these behaviors are the caseworkers role. Roles are allocated according to the position people occupy in an interaction system. The various positions that have a reciprocal (give and take) relationship with each other comprise a position network. Figure 6 (see next page) depicts a generalized version of the position network involved for this prevention project. In the first chapter describing the roles and responsibilities, mention was made of the difficulties caseworkers had with definitions and administrators had with jurisdiction. In Appendix D there is an explanation of the idea that there are two types of role associated

Figure 6: Generalized Position Network
Texas Migrant Council Migrant Child Abuse/Neglect
Prevention Project



with each position: 1) role prescriptions - formal rules and regulations, usually written, and 2) role expectations - informal codes of etiquette and propriety, usually unwritten. Overall it would seem, from the cultural characteristics described in the preceding chapter, that generally speaking those in the Mexican-American community operate primarily on role expectations rather than role prescriptions - see "compadrazgo," "dignidad," "personalismo," and "palabra." Considering the legal nature of situations inherent in the position network it seems reasonable that role clarity and role consistency might be difficult to achieve (see Appendix D). The effectiveness with which any group or network can function (quoting from Appendix D) "depends on the way diverse roles are interconnected. To operate harmoniously and effectively it is necessary that performances conform to role requirements." The sanction system describes actions to be used when conformity does not occur voluntarily. A most important observation in this regard is that "both internal and external sanctions are ordinarily required to bring about conformity. Unless the group's members are <u>affectively</u> <u>attached</u> to the normative system,

they are not likely to support the sanction system." Looking at the position network it seems reasonably clear that sanctioning power - rewarding and punishing - is not a reciprocal matter. It is very doubtful that any person could be affectively attached to a system in which their position has limited sanctioning prerogatives relative to every other position. Specificly we must understand the disadvantaged nature of the position migrant, migrant child abuser and migrant child neglector within this network. Simultaneously we must be aware of the fact that those in these positions are probably more affectively attached to a network involving the cultural characteristics described earlier. According to Lundberg, Schrag and Larsen, in Sociology, which is the source for Appendix D and quotations included here:

> A coordinated system of action is likely to occur where the following criteria are met: (1) the group's positions are highly valued, (2) role requirements are clear and consistent, (3) sanctions are uniformly applied and are supported by group opinion, and (4) the group's members regularly anticipate conformity among their fellows. To the extent that these criteria are not met, nonconformity, group tension, and conflict are the likely result. Thus social structure is the basic requirement for group organization. Structure characterizes not only social groups but all community relations in the larger society. It is the basic phenomenon underlying group tension and conflict - in family life, in industrial relations, in the struggles of racial and cultural minorities, and in the increasingly important area of international affairs. (p. 150)

The second need in trying to present the vast amount of material, impressions and experiences of the project personnel was for a method which would be systematic. Quoting from Kerlinger (see Appendix D), "The semantic differential (SD) is a method of observing and measuring the psychological meaning of concepts. Although everyone sees things a bit differently, sometimes very differently, there must be some common core of meaning in all concepts. . . . People must to a great extent share behavioral and verbal definitions of things . . . . Any concept, then, has a common cultural meaning. It also has other meanings, some of them shared by different groups of people, some of them more or less idiosyncratic." This particular approach seems to accommodate or at least recognize the ideas embodied in "Cada cabeza es un mundo" and simultaneously the experience, diversity and need to be systematic. Our application was to treat obtained data using six positions in the network described as concepts: Migrant, TMC Caseworker, Protective Services Worker - North, Protective Services Worker - Texas, Child Abuser, Child Neglector.

We obtained information on the three dimensions or factors developed in the original version of the Semantic

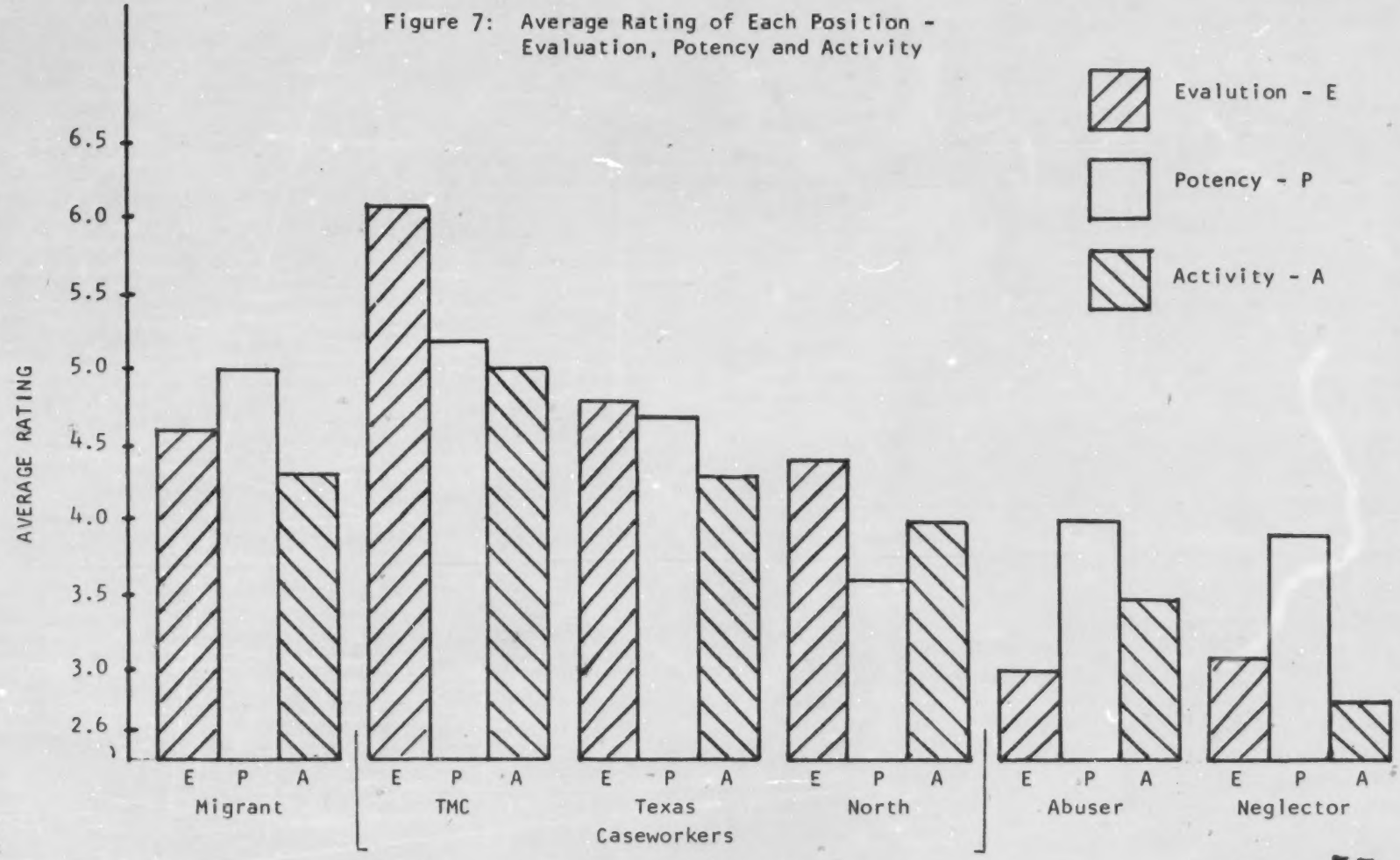
Differential. These factors require the respondent to synthesize their attitudes, values and experiences and indicate their Evaluation of, perception of Potency and view on Activity of each concept. For each of these factors we had four bi-polar adjective scales as follows.

EVALUATION - E	POTENCY - P	ACTIVITY - A
pleasant-unpleasant	delicate-rugged	angular-rounded
ugly-beautiful	weak-strong	passive-active
good-bad	deep-shallow	fast-slow
dark-bright	heavy-light	dull-sharp

Appendix D provides more detail, however, to score the input received we scored the scales on a 1 - 7 rating system so that a positive or good rating would be reflected by a higher score. We then added the ratings by each TMC caseworker and supervisor and divided them by the number of participants to get an average rating by the group. So that a perfect positive rating would be a seven (7) and a perfect negative rating would be a one (1). For each position we had an average indicating an Evaluation, Potency and Activity Rating which could be compared to each other.

Figure 7 (see next page) shows the average rating for the positions indicated in terms of Evaluation, Potency and Activity. It seems clear that the TMC caseworker ratings were, on each factor higher (more positive) than the ratings of others. While this may seem rather self-serving, attention should be called to the "burn-out" phenomenon mentioned in chapter 1; and secondly to the difficulty that those engaged in such programs tend to have in remaining positive about themselves and their work. In other words we think it is a good and positive thing that the project personnel were positive about themselves. The Evaluation factor average rating of 6.1 (7 is the highest possible) for TMC caseworkers with a Potency average of 5.3 and Activity of 5.0 suggests that their sense of strength and action or motion is exceeded by their impression of worth. Potency in addition to strength might be indicative of power or ability to get things done. Activity might reflect, as indicated, motion, action or movement relevant to the manner of behavior. The average ratings of Child Abuser and Child Neglector, particularly on the Evaluation Factor (3.0 and 3.1) are the lowest. One outcome that suggests that

Figure 7: Average Rating of Each Position - Evaluation, Potency and Activity



the SD approach has some valid use here are the Activity average ratings of Child Abuser (3.5) in contrast to the Child Neglector (2.8); and the Potency ratings, (4.0) Abuser and (3.9) Neglector. The Child Neglector, it might be said, is a less physically active and potent behavior - which is reflected in the ratings.

Another thing shown is that the average ratings for Migrants on Potency Factor (5.0) is higher than the Potency rating for Texas caseworkers (4.7) or Northern caseworkers (3.6) more positive or higher than the ratings of caseworkers in Texas or in the North. In terms of strength the Potency rating of caseworkers - North is the lowest of any position in the network.

It should be noted that most of the project personnel either had been migrants or had worked with migrant projects prior to joining the Migrant Child Abuse/Neglect Prevention project. Therefore, it seems somewhat understandable or predictable that the ratings given migrants might be more positive than those given other positions in this network. Familiarity is probably a factor involved in the fact that the ratings of Texas caseworkers were, on all dimensions, higher or more positive than those for caseworkers in the North.

Figures 7-1 through 7-3 may make comparisons on factors easier to see; we have graphed the average rating on each dimension for each position separately. One of the things which seems clear is that there are differences in perceptions of these positions. We know that the project staff advocated a non-judgemental approach (Figure 3, p. 12) and that they sincerely believed and attempted to behave in a non-judgemental fashion. The difficulties involved in doing this seem to be evidenced by the average ratings; especially those given abusers and neglectors. In working with project personnel we attempted to develop and practice, through role playing exercises and other simulations, ways for them to understand and productively use their feelings and values. Especially important is the realization that feeling disturbed or upset by abuse and neglect, or unresponsive protective services workers is <u>not</u> something about which they should feel guilt.

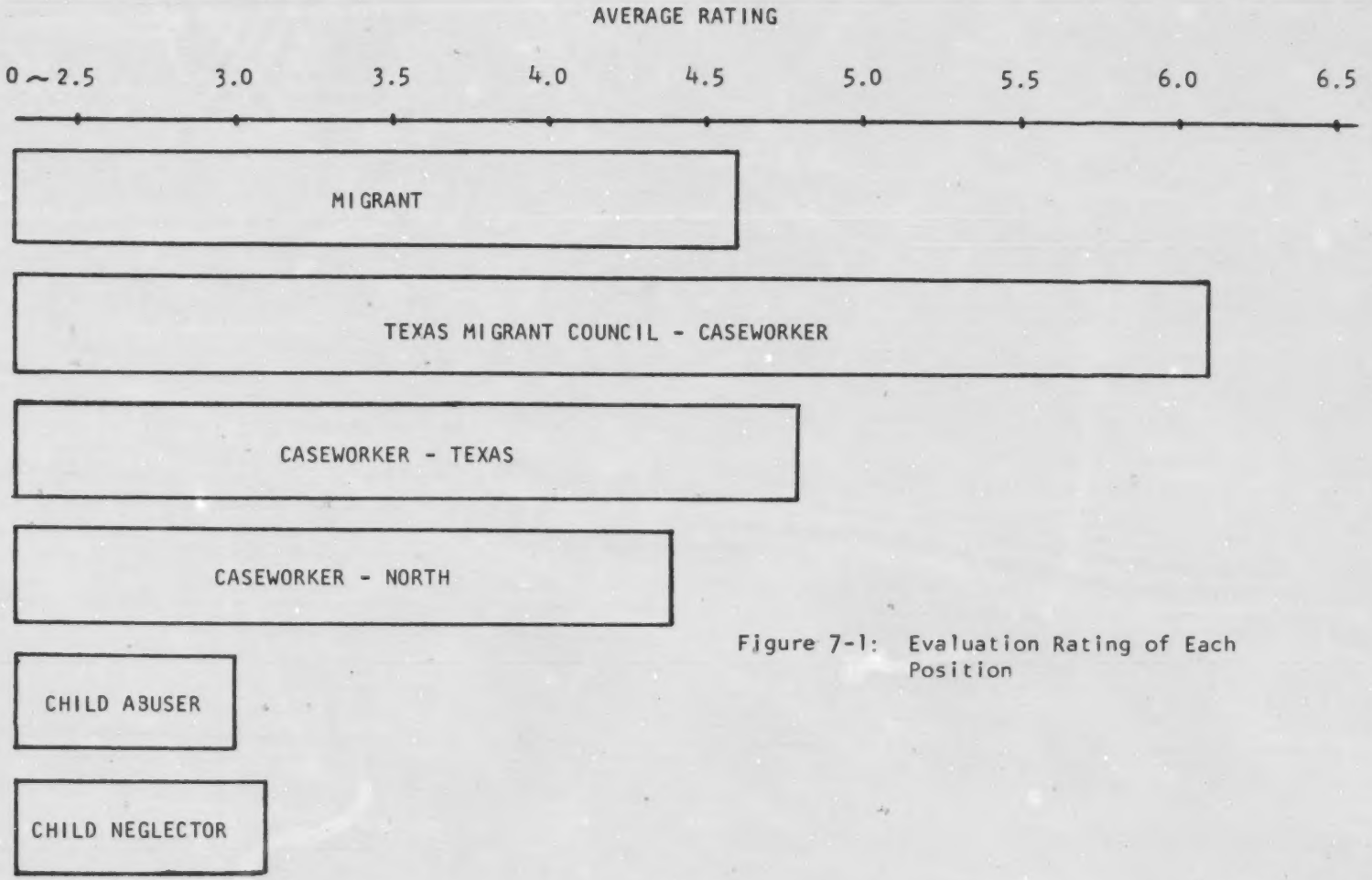


Figure 7-1: Evaluation Rating of Each Position

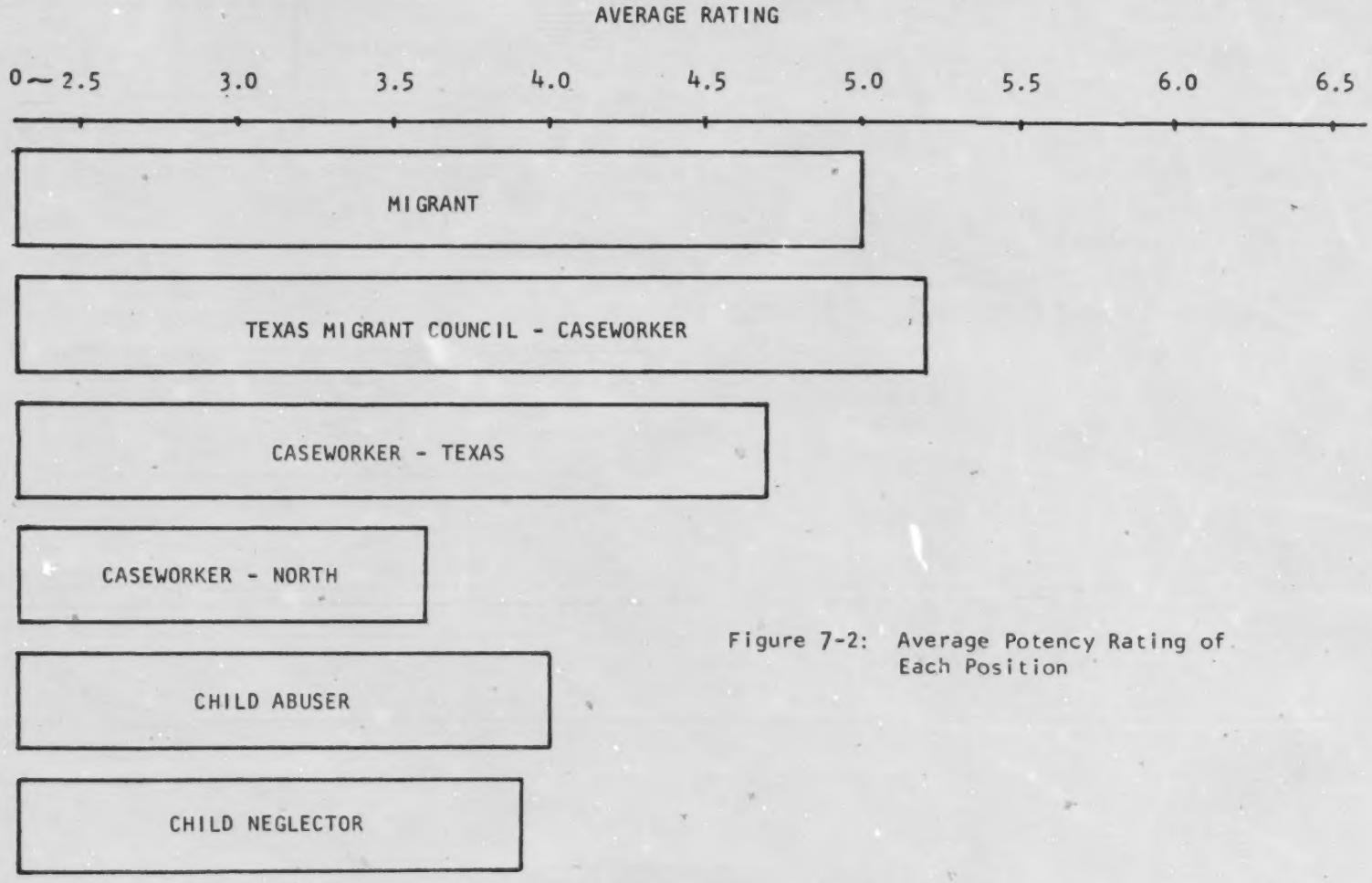


Figure 7-2: Average Potency Rating of Each Position

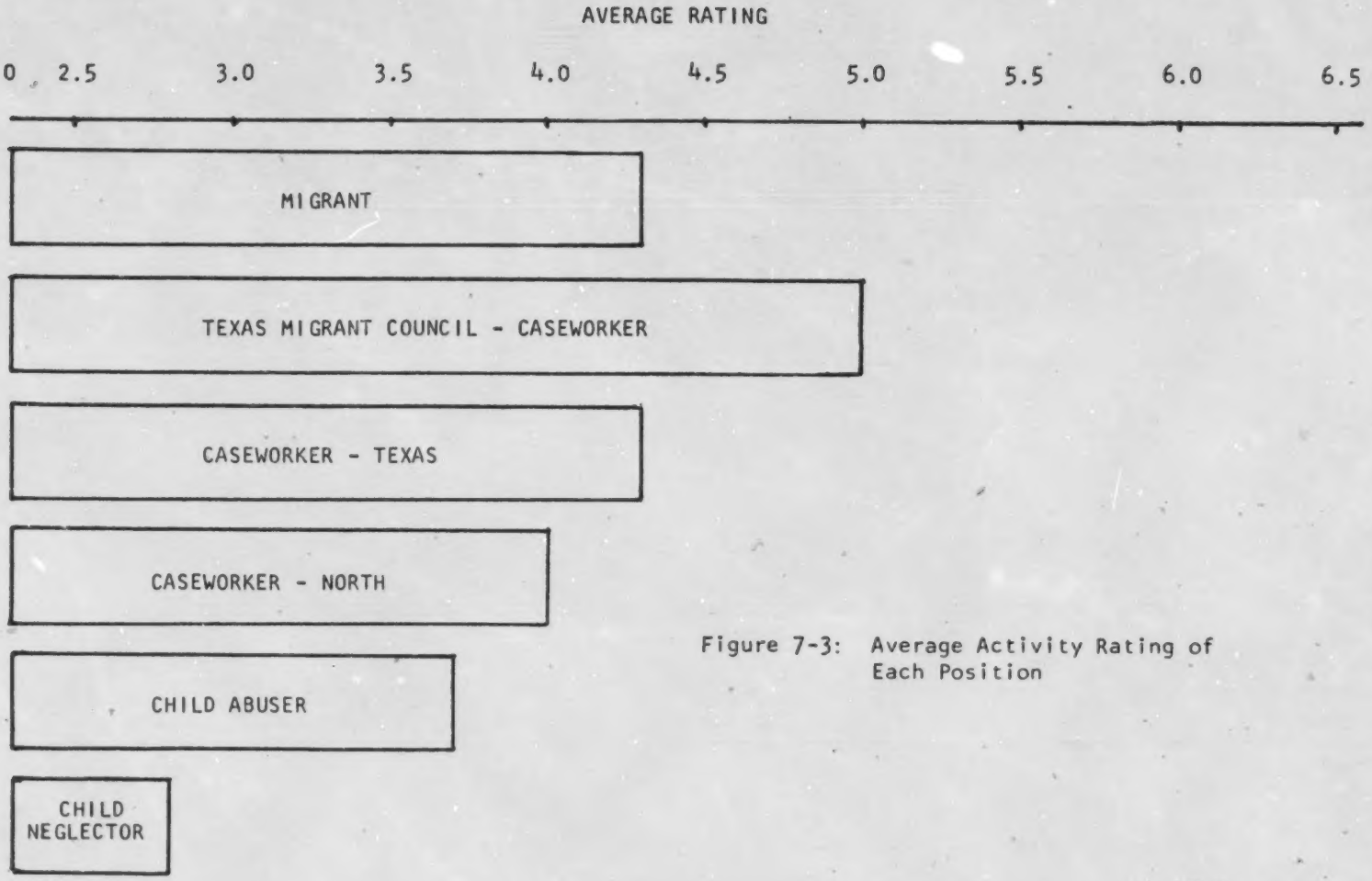


Figure 7-3: Average Activity Rating of Each Position

4. MASLOW'S NEED HIERARCHY - A Framework for Understanding Mexican-American Migrants

Maslow's Need Hierarchy - A Framework for Understanding

In the series of publications Child Abuse and Neglect: The Problem and its Management (Vol. 1) entitled An Overview of the Problem, there appears the following admonition:

> Seen from only one perspective at a time, the picture of child abuse and neglect seems relatively simple to understand. The physician, for example, may perceive it as medical problems to be diagnosed and treated; the policeman, as criminal conduct to be punished. The psychiatrist may view the problem as one of parents in need of treatment, while the social worker may see it as children in need of protection. The sociologist sees social dysfunction; the moralist sees monstrous and unnatural acts. The parents' view tends to be clouded by their desperation, feelings of failure at parenthood, and fears of punishment and criticism rather than help. The children's viewpoint is seldom known.
>
> Seen as a whole--which is how any system must somehow be understood--child maltreatment appears as a tangled web of myths, half-understood relationships, contradictory approaches to management, tragedies, suspicions, and unknowns. Fragmented perceptions and the divergent results they produce add to the inherent complexity of any attempt to define or deal with the problem. (pp. 1-2)

In selecting Maslow's Hierarchy of Needs as a framework it is neither our intent nor desire to "add to the inherent complexity" of the situation. Based on the in-put from the project personnel it seemed to provide the most appropriate conceptual framework for understanding child abuse and neglect which occurs in the Mexican-

American migrant community. No one, least of all, those who have staffed this project would argue that abuse and neglect is an unheard of occurrence among migrants. Most would support the observation that the under-reporting, a problem identified in the volume cited above, is because of the unique life style of migrants, a more pronounced problem than among other groups. It seems difficult to imagine a life style with greater potential for frustration than that of the migrant.

In entering "the stream" the family sacrifices the security and stability of home and community with no guarantees that such needs will be met. Not only is there uncertainty in the journey itself but in what will be encountered when it is completed. It is more difficult for the migrant than for those in other occupations to predict and control their working conditions or their wages. The unpredictable nature of weather, crops, and agricultural markets mean that expectations are subject to continuous revision. An opportunity to work for several days may go down the drain in a heavy rain - so to speak. The Need Hierarchy seemed appropriate because it provides for examining motivations and be-

haviors related to the full range of human need and because the potential for deprivation of that full range seems very high for Mexican-American migrants.

In brief summary fashion Maslow's Theory is based on the idea that behavior is motivated toward the satisfaction of some want, need or desire.

In the fifth chapter of his book Motivation and Personality, A.H. Maslow presents "A Theory of Human Motivation" (pp. 80-91) which focuses on five broad categories of need (see diagram next page). Briefly stated they are:

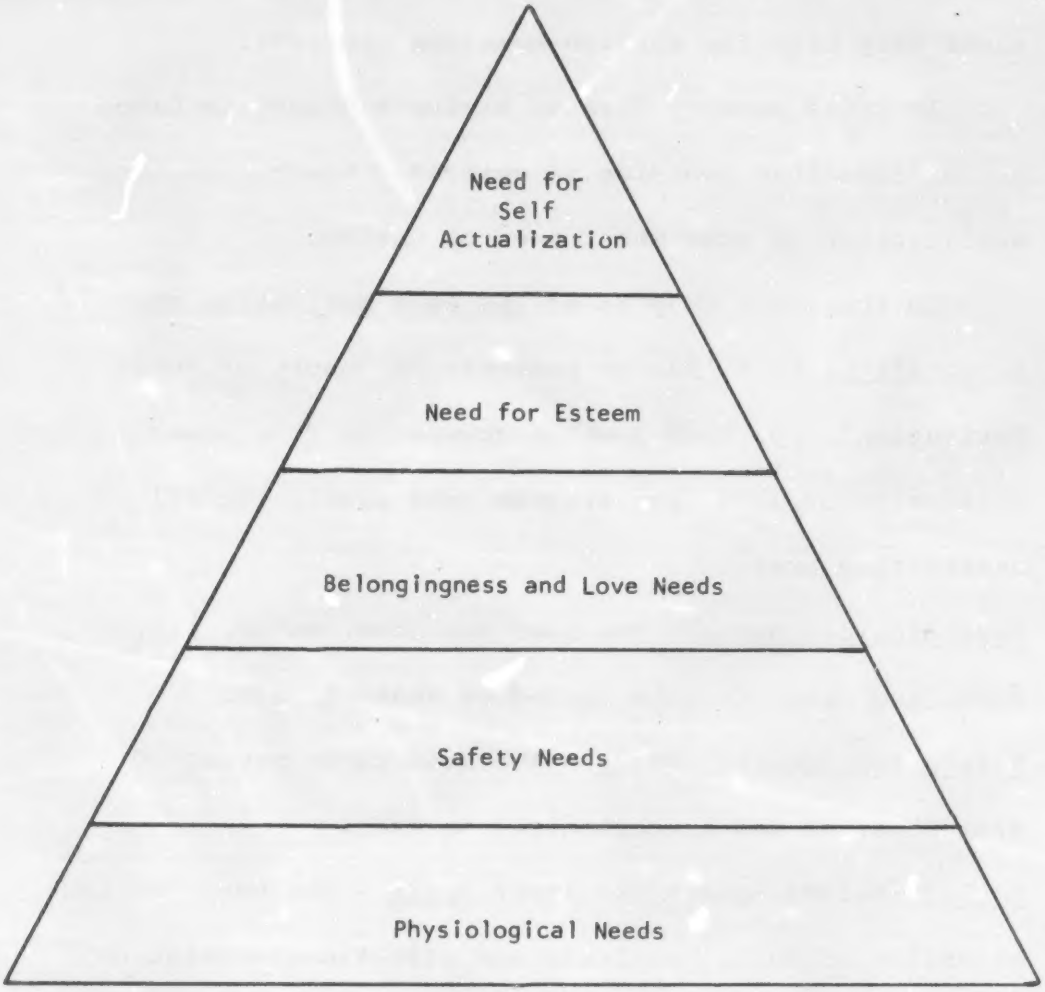
Physiological Needs - The need for food, water, air, rest, and other factors needed to sustain life.

Safety and Security Needs - The need to be protected from physical and psychological hazards.

Social (belongingness and love) Needs - The need for the attention of social activity and affectionate relationships with people in general.

Esteem Needs - The desire for self-respect, strength, adequacy, mastery and competence, confidence in the face of the world, independence and freedom; also includes a desire for respect and esteem from other people.

Maslow's Hierarchy of Needs



Source: A. H. Maslow, Motivation and Personality, pp. 80-91.

Self-actualization (realization) Needs - The desire for self-fulfillment, to become everything that one is capable of becoming.

In discussing the theory and its implications Berrien and Bash, in Human Relations: Comments and Cases state that,

> The drive for self-actualization appears only after the individual has gratified those drives of a sustaining and bare subsistence sort. This means that in general the biologically oriented drives must be reasonably well satisfied before the socially oriented drives become important determiners of action. (p. 94)

Later in the same chapter they suggest that,

> In trying to understand the behavior of others, particularly that behavior which has obvious aggressive features, we may profitably search for factors that may have prevented the attainment of some goal. (p. 97)

It seems reasonable to suggest that there are numerous factors in the life style of Mexican-American migrants which prevent goal attainment. Child abuse and neglect are behaviors of an aggressive nature which are logically, predictably, and understandably linked in terms of the hierarchy of needs described here. We also wish to suggest that the cultural values of the Mexican-American migrant, for the most part, function as a deterant to aggressive (abusive or neglectful) behaviors when goal attainment is prevented. Any prediction regarding

the prevalence of child abuse/neglect among migrants as being high - which seems reasonable based on life style circumstances - would, we believe, have to be lowered if the beliefs and values of the Mexican-American culture were involved. Incidence, the number of reported and verified cases of abuse/neglect among Mexican-American migrants is a different matter. We would call your attention to the following paragraph from the NCCAN publication on An Overview of the Problem cited earlier in this chapter.

> Poor families and nonwhite families are reported more frequently than middle- and upper-class whites for several reasons. Members of lower socioeconomic groups are the clients of welfare agencies, municipal hospitals, and outpatient clinics. Compared to middle- and upper-class families, they not only have more contacts with many different types of professionals, but their home lives and problems are also more open to professional scrutiny. In addition, as the head of one hospital's child abuse team noted, even professionals in the social work and medical fields may find it more difficult to report a family with whom they can identify: whites have more difficulty reporting whites, and blacks more difficulty reporting blacks; those of the middle class find it harder to report a middle-class family; and so on. Since most professionals are middle- and upper-class whites, poor nonwhite families tend to account for the greatest proportion of reports.
>
> These facts, however, do not deny the profound effects of social and economic deprivation, housing problems, unemployment, and subcultural and racial pressures on the lives and behavior of parents who maltreat their children. Any stress can make life more difficult, and the ramifications of poverty and discrimination can aggravate any problem. Such factors are involved to some degree in many cases of abuse and neglect, and they must be considered

in every treatment program. (p. 11)

We have adapted the Need Hierarchy as a framework because it seems to encompass both those factors involved in child abuse and neglect, and the life circumstances of Mexican-American migrants. We do not wish to "explain away," make excuses for, deny or rationalize the occurrance of such behaviors. We do wish to advocate for an understanding in the feeling or emotional sense (enterar), rather than the intellectual or possessing knowledge sense (comprender).

The five need categories have been grouped into those which seem most basic, and for many people perhaps unnecessary to consider; those which involve an emphasis on interaction with others as a motivation; and thirdly, self-actualization, which seems to involve maximizing a persons potential. It seems to us that if an understanding of child abuse/neglect among Mexican-American migrants is to be achieved it will be necessary to consider each of these areas of need.

Physical and Safety Needs

According to A. H. Maslow, "undoubtedly these physiological needs are the most prepotent of all needs." (p. 82) In discussing this point he suggests that should this need not be met it can constitute the sole motivational factor in human behavior. The necessity for food, water, air, and rest seem so obvious that the point hopefully needs no elaboration. We are all probably familiar with and Maslow suggests that an individual's sense of additional needs is contingent upon having these satisfied. Maslow goes on to point out that in other than emergency conditions the average person does not experience hunger but merely appetite and that most people would not attempt to measure a persons goals by his behavior when physiological deprivation is operational. There is an interesting qualification to the assumption that when physiological needs are satisfied they cease to be important; this qualification in hypothesis form suggests that,

> it is precisely those individuals in whom a certain need has always been satisfied who are best equipped to tolerate deprivation of that need in the future, and furthermore those who have been deprived in the past will react differently to current satisfactions than the one who has never been deprived.

In relation to the situational and cultural aspects of the Mexican-American migrant it seems fair to suggest that there may be periods of relative rather than absolute deprivation. In most communities for example the water supply is routinely checked, in the Health Survey done as part of the Health Aide project by TMC it was found that almost half of those who went North lived in camps and one-third (33%) of them did not have water inside the house. It is not reasonable to assume whether it is inside or not that it is free of germs. Undoubtedly the water supply for migrant camps is examined regularly and people are prohibited from access to it if it is contaminated. The point is that if understanding is to be achieved it must begin with the realization that there may be, in the mind of some of the migrating families, with or without justification, uncertainty about something as basic as water.

Anyone familiar with agriculture is aware of the necessity for the use of chemicals, both as fertilizer and insecticide. Frequently camps for migrants are located close to the fields which are being worked. Within the last few years the public has become more

aware of the pollution of air and water. For migrants being aware might function solely to increase anxiety. In order for the trip to be successful it is frequently necessary to work the fields for long hours regardless of whether or not they had been sprayed. The motivation to engage in these behaviors, under these conditions is satisfaction of needs beyond those which are physiological; and the consequence is not absolute deprivation of water, air and rest.

In terms of assessment and assistance the following quote from Maslow seems most appropriate.

> People who have never experienced chronic hunger are apt to underestimate its effects and to look upon food as a rather unimportant thing. If they are dominated by a higher need, this higher need will seem to be the most important of all. (p. 99)

It is imperative, we think, that in investigating the circumstances of abuse or neglect that the setting in which it occurred be examined. This means going to a migrant camp. In this context if seeing is believing, smelling and tasting may be even better. It was surprising to find reported in the field notes instances where protective services workers had never visited the migrant camps in their catchment area. It was not surprising to find that when they did visit, especially for the first time, the most reaction to the setting was

one of being less than positively impressed by the situation. There can be no excuse for willfully abusing or neglecting a child, nor can there be an excuse for failure to experience the setting in which that behavior may have occurred - if understanding is to be achieved.

The need for Safety in one's environment is summarized by Maslow for children and adults separately as follows:

> We may generalize and say that the average child in our society generally prefers a safe, orderly, predictable organized world, which he can count on, and in which unexpected, unmanageable, or other dangerous things do not happen, and in which, in any case, he has all-powerful parents who protect and shield him from harm.
>
> The healthy, normal, fortunate adult in our culture is largely satisfied in his safety needs. The peaceful, smoothly running, good society ordinarily makes its members feel safe enough from wild animals, extremes of temperature, criminal assault, murder, tyranny, etc. Therefore, in a very real sense, he no longer has any safety needs as motivations. If we wish to see these needs directly and clearly we must turn . . . to the economic and social underdogs. (p. 87)

We have already presented some demographic data relevant to the economic status of Mexican-Americans; from the Health Survey data cited earlier one finding which seems most relevant here is that 20% of those interviewed reported a health hazard in the houses they occupied while in-stream. Hazards mentioned in-

cluded things such as: having bugs and rats in house, dirty water, junk in the yards, and dirty outside bathrooms. One-half of those interviewed reported having only outside showers available and 35% indicated that these were shared with other migrant families. One additional finding relevant to safety is that only ten percent (10%) of those interviewed in the Health Survey had any form of health insurance. Maslow points out that "we can perceive the expressions of safety needs only in such phenomena as, for instance, the common preference for a job with tenure and protection, the desire for a savings account, and for insurance of various kinds (medical, dental, unemployment, disability, old age)." (p. 87) The fact that the migrant, as a rule does not have these forms of security is not from lack of desire but suggests behavior which is motivated by their absence, e.g. hesitancy to seek medical attention, avoidance of extra risks and visibility, anxiety about bringing children into a less than safe environment without access to medical facilities which if available may not be affordable. The necessity for establishing limits and restrictions seems clear. In "healthy, normal, fortunate" situations a child disobeying and getting

hurt evokes frustration and predictably an "I told you so, now we have to get you to a doctor" response; the difficulty of the latter part for the migrant family seems clear - namely getting the doctor.

If there is a source of safety for the migrant it is "La familia." The family in which the roles and responsibilities are clearly delineated, in which status and function are well specified is a source of safety. Given the unpredictable, frequently unmanageable and sometimes dangerous world in which the migrant child develops, having parents who are at least all powerful within the confines of "La familia" may be the only aspect of meeting the need for safety. Maslow's work makes several specific references to the safety needs of children:

> One reason for the clearer appearance of the threat or danger reaction in infants is that they do not inhibit this reaction at all, whereas adults in our society have been taught to inhibit it at all costs. Thus even when adults do feel their safety to be threatened, we may not be able to see this on the surface. Infants will react in a total fashion and as if they were endangered, if they are disturbed or dropped suddenly, startled by loud noises, flashing light, or other unusual sensory stimulation, by rough handling, by general loss of support in the mother's arms, or by inadequate support.
>
> In infants we can also see a much more direct reaction to bodily illnesses of various kinds. Sometimes these illnesses seem to be immediately and <u>per se</u> threatening, and

> seem to make the child feel unsafe. For instance, vomiting, colic, or other sharp pains seem to make the child look at the whole world in a different way. At such a moment of pain, it may be postulated that, for the child, the whole world apparently suddenly changes from sunniness to darkness, so to speak, and become a place in which anything at all might happen, in which previously stable things have suddenly become unstable. Thus a child who because of some bad food is taken ill may for a day or two develop fear, nightmares, and a need for protection and reassurance never seen in him before his illness. (p. 85)
>
> Young children seem to thrive better under a system that has at least a skeletal outline of rigidity, in which there is a schedule of a kind, some sort of routine, something that can be counted upon, not only for the present but also far into the future. (p. 86)
>
> Confronting the average child with new, unfamiliar, strange, unmanageable stimuli or situations will too frequently elicit the danger or terror reaction, as for example, getting lost or even being separated from the parents for a short time, being confronted with new faces, new situations, or new tasks, the sight of strange, unfamiliar, or uncontrollable objects, illness, or death. Particularly at such times, the child's frantic clinging to his parents is eloquent testimony to their role as protectors (quite apart from their roles as food givers and love givers). (pp. 86-87)

Another source for satisfaction of the need for safety is the religious devotion which characterizes Mexican-American migrant culture and serves an integrative function. Again citing Maslow,

> Other broader aspects of the attempt to seek safety and stability in the world are seen in the very common preference for familiar rather than unfamiliar things, or for the known rather than the unknown. The tendency to have some religion or world philosophy that organizes the universe and the men in it into some sort of satisfactorily coherent, meaningful whole is also in part motivated by safety seeking. Here too we may list science and philosophy in general as partially motivated by the safety

> needs (we shall see later that there are also other motivations to scientific, philosophical, or religious endeavor). (p. 88)

The relevance of these observations to abuse or neglect seem rather clear. Again we wish to emphasize that the objective is to understand rather than to excuse or rationalize. Again using Maslow we find a comment that links child and parent closer together through the need for safety.

> The central role of the parents and the normal family setup are indisputable. Quarreling, physical assault, separation, divorce, or death within the family may be particularly terrifying. Also parental outbursts of rage or threats of punishment directed to the child, calling him names, speaking to him harshly, handling him roughly, or actual physical punishment sometimes elicit such total panic and terror that we must assume more is involved than the physical pain alone. While it is true that in some children this terror may represent also a fear of loss of parental love, it can also occur in completely rejected children, who seem to cling to the hating parents more for sheer safety and protection than because of hope of love. (p. 86)

The assessment and assistance which occurs in a situation which emphasizes family bonds and closeness, and the type of religious belief system described we believe must be handled with greater than average sensitivity. The idea of the "all-powerful parent" is in many respects accentuated in Mexican-American migrant families. Judgement which approaches accusation easily conflicts with

"cada cabeza es un mundo." The process of investigation which is insensitive to, denies and/or ignores the contingencies of the environment for children and adults seems contradictory to achieving understanding.

It is vitally important that those who seek to assist understand that the migrant child abuser or neglector is most likely aware that they have violated the tenets of "La familia" and the religion with which they identify. The two primary sources for satisfaction of the need for safety have been violated and lost. Appendix E contains a copy of an article entitled "The Myth of the Vulnerable Child," which we used during training sessions. As a tool for use with Mexican-American child abusers or neglectors it may prove difficult in application because they may use acceptance of the nulnerability of children as a means to reestablish safety within family and religion. While protective services personnel may have legal priority in such matters it seems reasonable to argue that the needs described here may take precedence.

Social and Personal Esteem Needs

Actually Maslow's phrasing is "The Belongingness and Love Needs" (p. 89) and "The Esteem Needs" (p. 90). The brevity of the discussion concerning these needs is somewhat disturbing since they imply significance without giving much detail. The description of these need categories is stated entirely in one paragraph as follows:

> If both the physiological and the safety needs are fairly well gratified, there will emerge the love and affection and belongingness needs, and the whole cycle already described will repeat itself with this new center. Now the person will feel keenly, as never before, the absence of friends, or a sweetheart, or a wife, or children. He will hunger for affectionate relations with people in general, namely, for a place in his group, and he will strive with great intensity to achieve this goal. He will want to attain such a place more than anything else in the world and may even forget that once, when he was hungry, he sneered at love as unreal or unnecessary or unimportant. (p. 89)

We have already discussed several cultural characteristics which are usually operational in the motivations of behavior involving belongingness. Compadrazo, for example, is an extension to the child of another's affection for the parent or parents. "Dignidad" and "personalismo" are conventions which solidify and crystalize one's membership in the group. In many ways the following passage from the epic poem Yo Soy Joaquin, I Am

Joaquin, by Rodolfo Gonzales, expresses the identity and solidarity which many Mexican-Americans feel:

I look at myself.
I watch my brothers.
I shed tears of sorrow.
I sow seeds of hate.
I withdraw to the safety within the
circle of life--

MY OWN PEOPLE.

MI RAZA

For many, especially males, this sanctuary in addition to being "la familia" is one's "palomilla" - group of intimate friends. While it is not uncommon that those who have such linkages will travel "in-stream" together; more often than not groups are separated during that time. For adults and children alike the gratification of the need for belongingness may be minimal during this period.

According to Maslow,

> In our society the thwarting of these needs is the most commonly found core in cases of maladjustment and more severe psychopathology. Love and affection, as well as their possible expression in sexuality, are generally looked upon with ambivalence and are customarily hedged about with many restrictions and inhibitions. Practically all theorists of psychopathology have stressed thwarting of the love needs as basic in the picture of maladjustment. Many clinical studies have therefore been made of this need, and we know more about it perhaps than any of the other needs except the physiological ones. Suttie (282) has written an excellent analysis of our "taboo on tenderness. (p. 90) (emphasis added.)

Expressions of love and affection, especially when sexuality is involved, may be hindered by the frequent traveling, physically exhausting work and decreased privacy inherent in the migrant life-style. The consequent frustration of this situation seems relatively easy to understand.

Of course the basic unifying behavior, in terms of both identity and interaction, is the use of Spanish. Fluency, familiarity and facility with the language would appear to be prerequisites for participation and belongingness.

We have already cited the example, from Maslow, of the fact that a child who is maltreated may cling to the parents to satisfy the need for safety. In discussing the need for belongingness and love, Maslow points out that "Love needs involve both giving and receiving love." (p. 90) Many people are familiar with the idea of children who seek to be punished merely to achieve any recognition at all from their parents. The capacity of the family, from a traditional, cultural characteristics perspective, to give love seems extremely high. The opportunity, from the perspective of the realities of

migrant life-style seem much less than optimal.

There are those who have suggested that the basic conflict is the hyphenated status of the Mexican-American which compounds or even creates problems. The argument is that the inhibitions and restrictions resulting in ambivalence concerning discussions of sexuality would also pertain to discussions of identity. And, secondly, that belongingness is never a certainty, but is always relative to which side of the hyphen the individual is interacting on and why.

None of the cultural or life-style settings or situations described as sources for satisfying the need for belongingness and love condone or reward either the abuse or neglect of children. It is difficult to imagine, given the dynamics of these relationships, as well as, the "Cada cabeza es un mundo" perspective that judgemental inquiry would take place. Considering the closeness and camaradeire which characterizes these relationships the most probable response among these groups would be genuine concern for all those involved. Also predictable is the fear of loss of belongingness or love if it became known that an abusive or neglectful act

occurred. The fear would be operational upon the adult and child involved in the abuse or neglect incident.

In attempting to accomplish an assessment or intervention the belongingness of the protective services worker would be most important. The very first thing those involved want to know is "Who's side are you on?" In working with Mexican-American migrants your language and mannerisms may be read as answers to this question before it is ever asked. The migrant family and their children are transitory residents while in-stream, they realize that restoring the family unity once a separation has occurred is a complicated procedure. The threat of such an intervention strategy is considerably greater for them than for non-migrants. The shift in project emphasis in the role of the extended family (see Chapter 1) from temporary placement to support for counseling suggests that even the comparatively minor shift in belongingness was difficult. Any intervention which calls attention to the family and labels them automatically generates a necessity on the part of all its members to reaffirm their status relevant to each of the primary groups of which they are members. Not

only are they questioning their belongingness and worthiness for giving and receiving love but also their identity.

Maslow explains the Esteem Need as follows:

> All people in our society (with a few pathological exceptions) have a need or desire for a stable, firmly based, usually high evaluation of themselves, for self-respect, or self-esteem, and for the esteem of others. These needs may therefore be classified into two subsidiary sets. These are, first, the desire for strength, for achievement, for adequacy, for mastery and competence, for confidence in the face of the world, and for independence and freedom. Second, we have what we may call the desire for reputation or prestige (defining it as respect or esteem from other people), status, dominance, recognition, attention, importance, or appreciation. (p. 90)

For many persons the life-style of the migrant would be absolutely unbearable and intolerable. The idea that by choice, year after year, an entire family would continue to be migrants is incomprehensible. Such a perspective does not consider the relatively high degree of independence and freedom enjoyed by migrants; the sacrifices involved in order to achieve it are a price not many persons would be willing to pay.

In order to reach a totally negative judgement of Mexican-American migrants it is necessary to ignore the tenets of <u>dignidad</u>. That this has been done is expressed

in the following passages from the poem Yo Soy Joaquin, I Am Joaquin.

Here I stand
before the court of justice,
guilty
for all the glory of my Raza
to be sentenced to despair.
Here I stand,
poor in money,
arrogant with pride,
bold with machismo,
rich in courage
and
wealthy in spirit and faith.

For those who think in terms of education, occupation, and education (years of school completed) this may be beautiful poetry; but meaningless in terms of defining status in contemporary society. Such a reaction might be expected, based on the article in Appendix F: Hispanics Have Potential for Great Contributions, from Bishop Patrick Flores who reportedly in commenting on gains by Mexican-Americans divides them into three classes: less than 5% who succeeded in education and business and joined the American middle class; approximately 10% Vietnam vets; and 85% who were "the peons of Mexico." It is probably a misinterpretation to suggest that success here is being determined by education and business achievement only.

Regardless of the definition of how self-esteem is measured the consequences involved are similar. According to Maslow,

> Satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability, and adequacy, of being useful and necessary in the world. But thwarting of these needs produces feelings of inferiority, of weakness, and of helplessness. These feelings in turn give rise to either basic discouragement or else compensatory or neurotic trends.... The most stable and therefore most healthy self-esteem is based on deserved respect from others rather than on external fame or celebrity and unwarranted adulation. (p. 91)

The act of abusing or neglecting a child does not (except probably for those who are pathological) contribute to the satisfaction of self-esteem needs. In the publication Child Abuse Case Identification and Reporting referenced in the first chapter of this Manual it states,

> Our society has traditionally condoned the use of corporal punishment on children. Further, a high value has always been placed on parents' rights and discretion in raising their children. This social acceptance of the use of force by adults against children and this policy of nonintervention into family matters strongly condition the way in which a potential reporter perceives an incident of possible abuse. (p. 4)

This statement is particularly relevant to and in the Mexican-American migrant community. The child's identity even into adulthood is closely tied to and reflects upon the family, immediate and extended, the compadre y

comadre and the palomilla. The self-esteem of individual family members is therefore intricately and intimately involved with the behaviors of many other people. Because of this defining and reporting abuse or neglect may be seen as coming closer to or reflecting as much on the person reporting it as the one who did it. In essence we are suggesting that abusive behavior in the Mexican-American migrant community impacts many persons' self-esteem more directly than it might in other communities.

If the ideas expressed here are at all operational assessing and assisting migrants in dealing with abuse and neglect problems must be viewed as a community matter to be handled with utmost discretion. The third volume of the series on Child Abuse and Neglect: The Problem and Its Management is a rather detailed discussion of the community team approach. It suggests in a section entitled "Assessment" that,

> Probably the most critical step in case management, assessment includes the diagnosis of the child and the evaluation of the parents. If the family is found to be in need of child protective services, the caseworker must develop a coordinated family treatment plan on the basis of these evaluations.
>
> In some cases, assessment requires medical diagnosis of the child and psychological or psychiatric evaluation of the parents in addition to the CPS worker's evaluation

> of the dynamics in the home. Particularly in severe or difficult-to-diagnose cases, assessment can be shared by members of a multidisciplinary diagnostic consultation team. Such teams often include the CPS caseworker, a pediatrician, a psychiatrist or psychologist, a nurse, and sometimes a hospital social worker and a lawyer. Each professional evaluates the child, or the parents, or the family as a whole; together they recommend to the caseworker the most feasible treatment plan. (p. 11)

In attempting to envision how this multidisciplinary team might accomplish this assessment among migrants, we discussed the logistical problems. Two scenarios representing extremes, which hopefully would never actually occur were discussed. In the first, envision a small migrant camp (20-30 families), late in the afternoon, six relatively new cars pull in and park in front of one of the houses. From each car emerges a member of the multidisciplinary team dispatched to investigate a suspected incidence of child abuse. In the second scenario, the head of the migrant family suspected of abuse or neglect reports to a room in a local municipal building. Already present, anxious to get started are six, possibly eight members of an interdisciplinary team which will assess the "caseness" of the situation. These are scenarios which we hope will never be played out in the real world - primarily because of the detrimental consequences to the self-esteem of the Mexican-

American migrant family involved. Somewhere between these extremes is an approach, hopefully, which can be carried out in a fashion consistent with the cultural characteristics and life-style of the Mexican-American migrant. In our opinion the TMC Migrant Child Abuse and Neglect Prevention effort was a pilot project which explored some of the dynamics of such an approach.

As a concluding note on the need for self-esteem, mention should be made of findings from the previously cited Migrant Health Survey; when asked about seeking help for family problems 66% (2 out of 3) said they would not talk with others about such matters, and 98% stated that they preferred to try to solve their own problems. This is in spite of the fact that 33% indicated that the family sometimes could use family counseling and that almost three-fourths of the respondents (73%) said they would use it if such were available.

> Even if all these needs are satisfied, we may still often (if not always) expect that a new discontent and restlessness will soon develop, unless the individual is doing what he is fitted for. A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man <u>can</u> be, he <u>must</u> be. This need we may call self-actualization.
>
> This term, first coined by Kurt Goldstein, is being used in this book in a much more specific and limited fashion. It refers to man's desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming.
>
> The specific form that these needs will take will of course vary greatly from person to person. In one individual it may take the form of the desire to be an ideal mother, in another it may be expressed athletically, and in still another it may be expressed in painting pictures or in inventions.
>
> The clear emergence of these needs usually rests upon prior satisfaction of the physiological, safety, love, and esteem needs. (Maslow, pp. 91-92)

While these four paragraphs are the totality of what Maslow presents on self-actualization in developing the theory of human motivations, Chapter 12 of his book focuses exclusively and in detail on the concept. In that chapter Maslow identifies fifteen categories of characteristic orientations and behaviors of those who achieve self-actualization. This is the model of the "healthy personality." The idea that satisfaction of need states is transitory is important to remember inas-

much as the same dynamic appears to be true in regard to the categories of self-actualization. Namely a person may be exhibiting self-actualized behaviors in one or a set of categories without necessarily and simultaneously being actualized in others. It is not like having a check-list on which every item must be marked off in order to be or not be self-actualized.

It seems rather difficult to envision a person whose motivation was self-actualization engaging in acts of child abuse or neglect. Maslow emphasizes the point that self-actualizing maintains a continued freshness of appreciation in that they derive ecstasy, inspiration and strength from the basic experiences of life and that children are a primary object of beauty in this regard. (p. 215) He also states in describing the interpersonal relations of self-actualizing individuals that they "tend to be kind or at least patient with almost everyone. They have an especially tender love for children and are easily touched by them." (p. 218)

In elaborating upon the idea that self-actualizing persons manifest democratic rather than authoritarian or domineering characteristics, Maslow concludes by saying:

> Most profound, but also most vague is the hard-to-get-at tendency to give a certain quantum of respect to any human being just because he is a human individual; our subjects seem not to wish to go beyond a certain minimum point, even with scoundrels, of demeaning, of derogating, of robbing of dignity. (p. 220)

The resemblence of this particular idea to the Mexican-American cultural characteristic - dignidad - seems rather direct. The point here, however, is that the person who is motivated by this need is unlikely to engage in abusive or neglectful behavior. While Maslow suggests that self-acceptance and acceptance of others is a characteristic of "healthy people" for his list of things about which such people do feel guilt it seems that child abuse and neglect would be one example. "What healthy people do feel guilty about (or ashamed, anxious, sad or defensive) are," states Maslow,

> 1) improvable shortcomings, e.g., laziness, thoughtlessness, loss of temper, hurting others;
> 2) stubborn remnants of psychological ill health, e.g., prejudice, jealousy, envy;
> 3) habits, which, though relatively independent of character structure, may yet be very strong, or
> 4) shortcomings of the species or of the culture or of the group with which they have identified.
>
> The general formula seems to be that healthy people will feel bad about discrepancies between what is and what might very well be or ought to be. (p. 208)

Additional characteristics suggested by Maslow in describing self-actualizing people is

> their relative independence of the physical and social

> environment. . . . They are not dependent for their main satisfactions on the real world or other people or culture or means or ends, or in general on extrinsic satisfactions. (p. 214)

This would explain or coincide with Maslow's observations concerning a "Philosophical, Unhostile Sense of Humor" and the "Discrimination Between Means and Ends" which are characteristic of self-actualizing people. One important observation regarding self-actualization and creativity is that, according to Maslow,

> This creativeness appears in some of our subjects not in the usual forms of writing books, composing music, or producing artistic objects, but rather may be much more humble. It is as if this special type of creativeness, being an expression of healthy personality, is projected out upon the world or touches whatever activity the person is engaged in. In this sense there can be creative shoemakers or carpenters or clerks. Whatever one does can be done with a certain attitude, a certain spirit that arises out of the nature of the character of the person performing the act. One can even <u>see</u> creatively as the child does. (p. 223)

For the Mexican-American migrant whose motivation is the need for self-actualization, abusive and neglectful behavior should be a most unlikely pattern. Many, but not all, of the orientations and behaviors descriptive of a self-actualizing person seem to be supported by characteristics of the Mexican-American culture.

Any assessment or assistance offered when there is the suspicion that deprivation in satisfaction of the

need for self-actualization is involved should be expedited with greater caution than under other circumstances. The reason for this is the very personal, individualized, highly internalized nature of the person involved. The satisfaction of lesser need states, thus eliminating them as a means to explain abusive or neglectful behavior, means that the individual is more autonomous, in a sense has accepted more responsibility for self determination, and consequently is more individually accountable. The impact of judgemental questioning and inquiry is therefore much more threatening, even though, of course, it must be done - "con dignidad, por favor."

And by way of conclusion, for those who would understand the special significance of the parent-child relationship within many Mexican-American migrant families, from the poem Yo Soy Joaquin, I Am Joaquin by R. Gonzales

> I shed the tears of anguish
> as I see my children disappear
> behind the shroud of mediocrity,
> never to look back to remember me.
> I am Joaquin.
> I must fight
> and win this struggle
> for my sons, and they
> must know from me
> who I am.

Summary

This Manual attempts to say in an emphatic and somewhat detailed way that, if an understanding of migrant child abuse/neglect is to be achieved then there must first be an understanding of the Mexican-American migrant community. We have endeavored to show that there are strengths within that community which intervene in and provide ways of coping with high levels of frustration and adversity. In several instances it is suggested that cultural values are more significant in claiming loyalty and behavioral compliance than a set of codes or rules developed and enforced by protective services organizations. Mention was made of the fact that the laws are frequently less specific in meaning and intent than the cultural traditions which Mexican-American migrants have historically shared.

In reviewing the goals and objectives of the Migrant Child Abuse and Prevention Project it seemed clear that there was a realization of and response to the differential impact of culture on each family served. While the project attempted to build on what they expected and thought they knew, there was a learning experience

involved in encountering heterogeneity in the population they actually served. Even in meeting the need for "belongingness" in relation to migrants, they learned, through experience, not to anticipate only that which was expected, e.g. the shift in emphasis in the role of extended family from placement to reinforcing counseling.

Possibly because it was a demonstration rather than an on-going service delivery project there was greater flexibility in what interventions could be attempted. The overriding understanding we, as a consultant group, reached was that regardless of whether or not the efforts of project personnel were successful the project, as proposed, was phased out after three years. In our opinion, the families which came to expect someone who was "simpatico" to be available learned that the project was essentially an experiment in which proving that something could be done did not necessarily include a commitment that something would be done. It seems blatantly unfair, if not unethical, to fund a demonstration project without providing for continued service delivery based on a successful outcome. In a somewhat broader context, while funding of this type is not

atypical it does violate the basic principles of developmental as well as evaluative research. The preceding statements are an expression of the perceptions of the consulting group - Becker and Associates - and may not be assumed to reflect the views of the Texas Migrant Council or its staff.

The demographic descriptions provide a logical basis for inferring that there are unmet needs in the Mexican-American community. By examining various cultural characteristics we hoped to increase the extent to which the reader would understand the functional nature of the Mexican-American heritage - particularly the emphasis on positive family dynamics. If the only aspects which influenced behavior were economic or educational it might be reasonable to think almost exclusively in terms of deprivation, however, that would be ignoring the richness of the culture, the ingenuity and native intelligence which is operational in the Mexican-American migrant community.

Without a doubt the caseworker/counselors wished to be and were committed to the idea of emotional neutrality in dealing with those who abused or neglected children.

They were also committed to prevention based on strengthening linkages with existing protective services efforts. In regard to the former, we think they came to accept the difficulties involved in failing to face and use their personal values in assessing and assisting families. In terms of the second expectation once the project staff realized the lack of legal specificity they seemed to also accept the necessity for "formalizing" the inter-agency involvement - "palabra" was not operational when it came to linkages.

In using the Hierarchy of Needs as a framework we were assuming that understanding abuse and neglect was closely linked to understanding those factors which motivate persons to behave in given ways. It seemed to us, from reading the reports and talking with the caseworker/counselors that while unmet basic needs were most influential in the life style of the migrant; in the literature on Child Abuse and Neglect Intervention scant attention was given to these matters. Being aware of culturally based provisions for behaving in ways which meet these needs is an important step. Incorporating them into service delivery programs for Mexican-American

migrants would be the next step. In very specific terms learning some Spanish words would be a beginning - becoming confortable in communicating in Spanish would be a gigantic step. We are not saying that if you speak no Spanish you should avoid attempting to assist - we are suggesting, and hoping, that you would realize the limitations imposed by not speaking the language of the people you are attempting to help.

The risk involved in using the need hierarchy is that some people might incorrectly conclude that satisfaction of basic needs, physiological and safety, are "all inclusive and all consuming" and therefore are all that is required in understanding the behaviors of Mexican-American migrants. The diversity and heterogeneity within the Mexican-American community maximizes the influence of social and self-esteem needs as motivating factors, failure to understand this could lead those who attempt to assist to do more harm than help. The pervasive identity with "la familia," is, if anything accentuated among the self-actualizing members of the Mexican-American migrant community.

There has been in the past few years an increasing

concern for the cultural compatability of service delivery relative to target populations. We cannot overemphasize the importance of at least being aware of the cultural characteristics of the Mexican-American migrant. Our hope is that those who read this manual will continue to learn more about culture and incorporate that knowledge into their dealings with others. Our experience suggests that such efforts would be most appreciated and welcome. For those who are hesitant, who find the differences between their culture and that of the Mexican-American to be mysterious or an enigma we offer the observation by Albert Einstein:

> "The most beautiful thing we can experience is the mysterious. It is the source of all art and science."

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APPENDIX A: PROJECT ACTION PLANS

FIRST YEAR

SECOND YEAR

THIRD YEAR

PROJECT ACTION PLAN
First Year

This proposal is unique in its approach to the problem of child abuse and neglect. The uniqueness is in the interpretation of child abuse and neglect and in the use of the extended family concept.

1. Parenting Education

   A. Enroll migrant parents in classes at the community level.

   B. Involve all the extended family in making them part of the classes.

   C. Teaching the roles of each member of the extended family in healthy family practices.

   D. Having young parents to be referred from family planning and other agencies serving migrants for Texas Migrant Council Project Parenting classes.

   E. Involve the extended family in self-help concepts of the child abuse or neglect nuclear family.

   F. Provide year round classes.

Action Steps

The information coordinator will be responsible to set-up classes and recruit the migrant membership into the sessions. He will accomplish this task by involving the already existent Parent Advisory Committees of the TMC Migrant Head Start centers to disseminate the information. Classes will be announced through traditional methods of the news media. Also migrant agencies will be recruited to help in the effort to bring migrant participation into these classes. Classes will be formed in the homebase area as well as in the northern user states. The involvement of all the families will be follow-up by the project staff when staff moves into the northern states when the migrants leave to work.

This approach will be used so that when the necessity of the migrant insists that the younger children be cared for by older brothers and sisters the awareness of all the family in the concept of child neglect and abuse be recognized. This practice of older children caring for younger children is a necessity of the migrant farmworker since the parents and older stronger family members have to work. The project staff will not attempt to teach that this is sometimes the cause of child neglect but how to detect neglect or abuse and how to handle the situation. The involvement of all the family is the answer.

2. Identification and Intervention

   A. Report all child abuse cases to State Department of Welfare.

   B. Use TMC Head Start Centers as screening points.

   C. Work with Welfare Department in solving problems.

   D. Recruit help of the members of the extended family.

   E. Follow-up in the northern states while families are working.

   F. Involve the extended family in reporting child abuse.

Action Steps

A. The first essential step in the identification and intervention step of the project is to report all suspected cases to the appropriate state agency. At this point the caseworker counselor will contact the family to help and counsel in any way. Helping the family with its immediate needs will be a priority step. If the family accepts help from the TMC project worker, he will immediately set out to approach the state agency and informing them of the clients wish to have project staff to aid in the solving of his problem. At this point with the consent of the involved family a partnership with the state will be developed to properly serve the

family.

B. The Head Start Centers of Texas Migrant Council will be used to begin a vigil for possible child abuse and neglect. Here the teachers will be trained to spot possible child neglect or abuse and report these incidents to both the state agency and the TMC Child Abuse Project.

C. The liason function between state agency and the project will be done by contacting both family and state agency. Furthermore, upon the client leaving to work in the northern states, project staff will advise the State agency and provide to the State Agency with information of progress, regression, or any factor important to the successful resolution of the case.

D. When the client family agrees to accept help from the Project staff, counseling sessions with the extended family will be undertaken. Since it is impossible to follow all the migrant families identified, it will be necessary to instill controls of the problem with the members of the extended family.

E. The one important factor that no state can perform for the migrant family is to follow-up on them in the northern states where they work. This breakdown will be prevented by the project staff who will continue to oversee family progress and needs.

F. The utilization of the extended family to report child abuse cases will be accomplished through its parenting education classes and by informing families of the problems that one of their members is encountering. The extended family will become a partner with project staff in the identification and even intervention of child abuse.

4. Involving the extended family.

The involvement of the extended family in particular cases will be done through the caseworkers who will with the consent of the

ACTION CALENDAR YEAR ONE

Month 1 - Hire All Staff

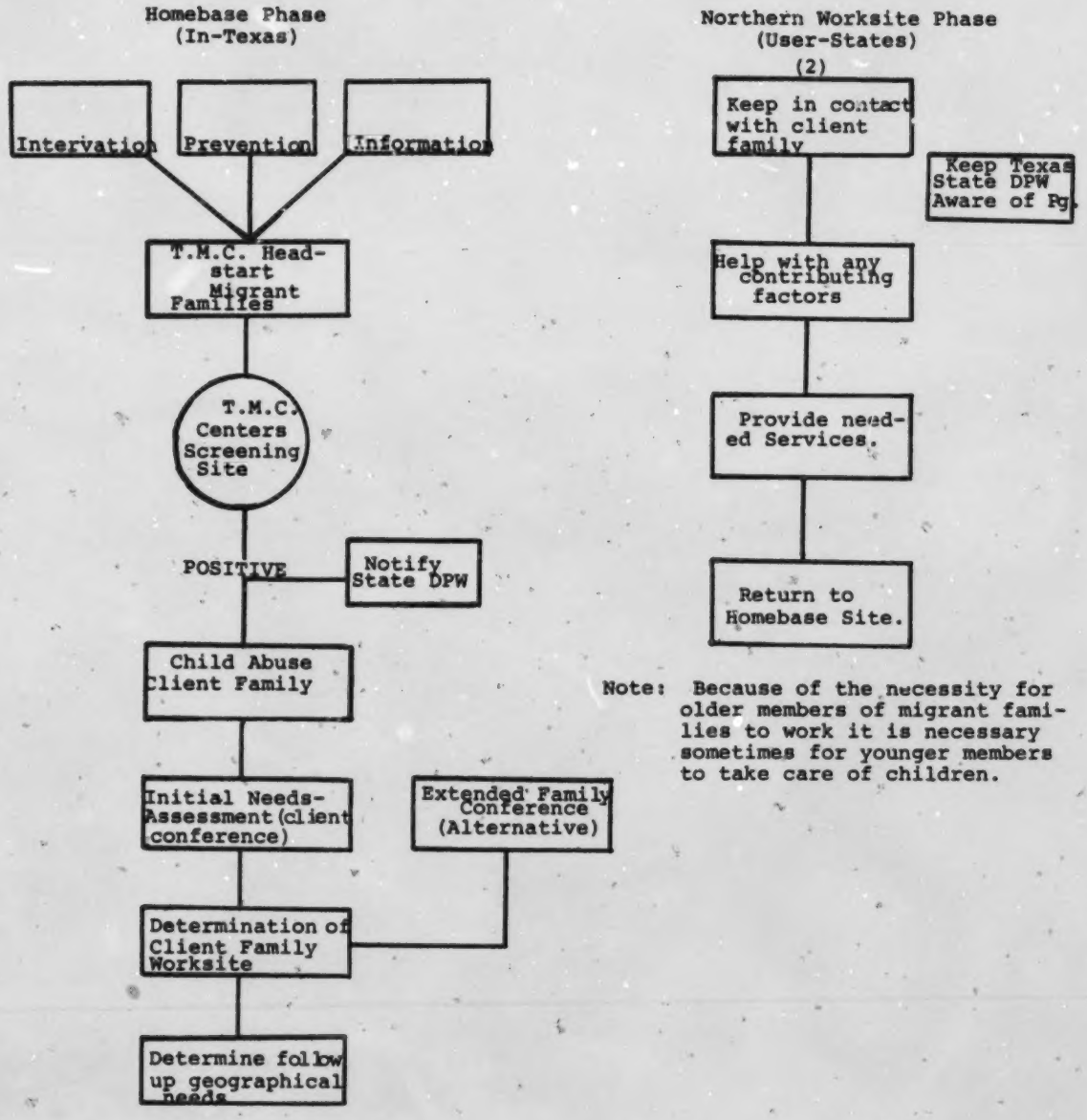
Month 2 & 3 - Training of Staff - Contacting all Supportive Agencies - Accumulate Information Library

Month 4 - Identify Resources currently serving Abuse - Neglect cases

Month 5 - Identify Potential Services

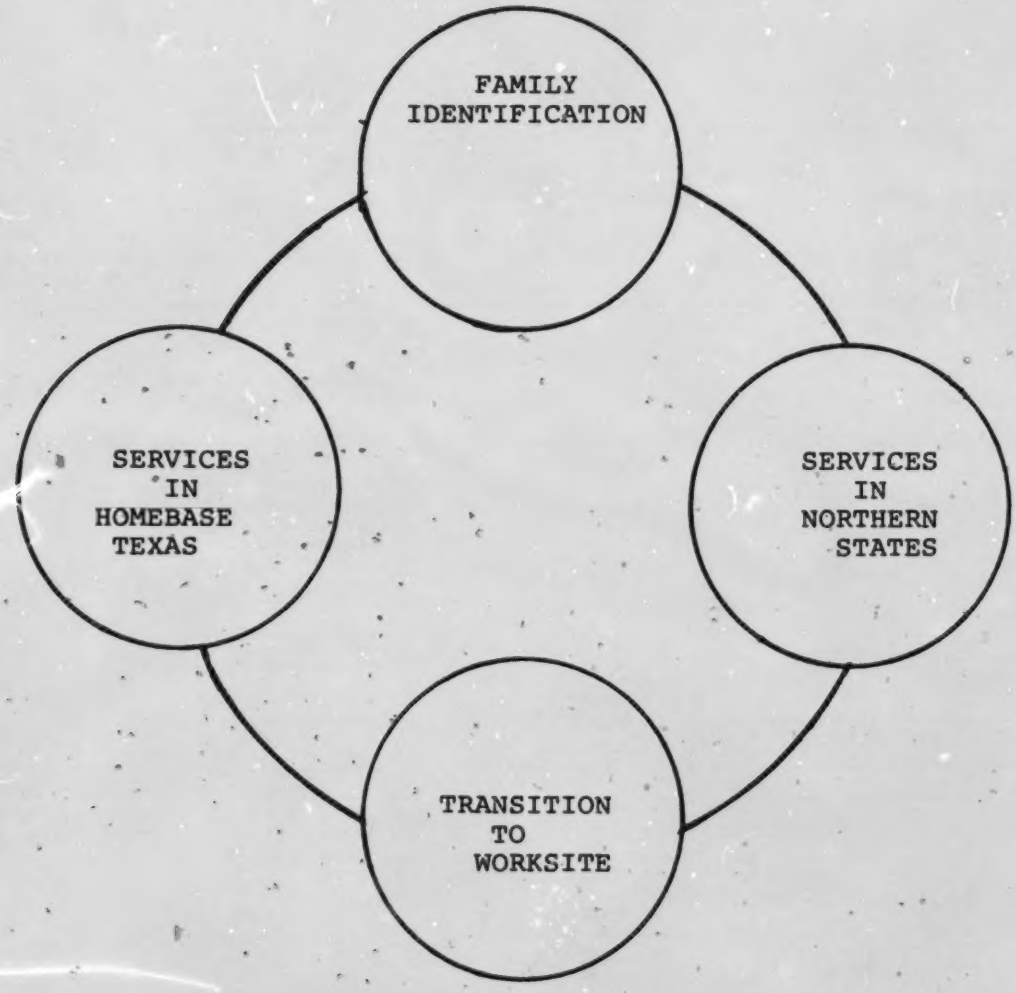
Month 6 thru 12-Carry out all Program Functions

ACTION FLOW CHART



Note: Because of the necessity for older members of migrant families to work it is necessary sometimes for younger members to take care of children.

CONTACT CONTINUUM



NOTE: It is most essential that any Family found to have child abuse and neglect problems know that there is a positive alternative year round. TMC proposes to provide that link between Services in the Homebase area and services in the Northern user States.

WORK PLAN

Second Year

In order to accomplish all the goals identified as significant, a constructive and ambitious plan of action has to be undertaken.

ACTION STEPS

Goal I - Use of the Extended Family

A. Child Placement

There are several steps that will be used to accomplish this objective. Migrant families will be recruited by T.M.C. project staff to aid with temporary or emergency child placement. This families will primarily be recruited from the extended family members of client families. Secondly other migrant families, usually from the Parent Advisory Committies of each of the T.M.C. head start centers will be recruited for this purpose. The families recruited will be provided with several trainings to include child care, nutrition and other child development trainings relevant to the accomplishment of their task. The families recruited will be available for placement of children of other child abusing families if there is a need.

B. Reinforcing Counseling and Treatments

Conferences between family members will be used to aid the child abusing family to follow through in counseling and therapeutic plans formulated by project staff. The envolvement of the extended family members in the treatment plans provides T.M.C. staff with a potential to constantly oversee the progress of the child abusing families through the eyes of the clients extended family. Working with the extended family and the client family treatment plans and problems will be discussed so that through interaction and a feeling of involvement of all the family structure the client family can feel that a support-

ive structure is available to them. Therefore, providing a therapu-tic function to the client family.

C. Using the Extended Family for Public Information

By using the extended family in providing some of the supportive services to members of their own families, a by-product of this activity will be a better informed group of people that can share with other members of the migrant and total community their experiences and knowledge on the child abuse and neglect problem. It is hoped that ultimately these families that have been involved in a child abuse case can counsel and trin or merely acquaint other perspective volunteer families to the problems and solutions involved in their activity.

Goal II - Follow the Abusing Families to the Northern Worksites for Continuity of Services

ACTION STEPS

Cases currently on the T.M.C. Child Abuse and Neglect caseload are to be followed to the northern user states. This will be accomplished by asking the client families their destination or migration pattern. From this each caseworker will determine where his cases are going, therefore also determine where that caseworker has to go to follow through with treatment services. Other cases in that particular workers caseload that migrate where another T.M.C. Child Abuse worker is stationed, will be taken over by the caseworker closest to the case. The workers will acquaint each other with the particular case. Reports will be made to the Texas Department of Public Welfare on a regular basis. Each caseworker will be stationed where most of his caseload migrates to work. There will be no change in situation except that in the northern user states the problem of renegotiating our usefullness to those northern states will have to take place.

Goal III - Provide Needed Medical and Therapeutic Services

ACTION STEPS

A. Homemaker Services - These services are to be provided in a non-traditional manner. These services will be used to provide the parents with an opportunity to look for employment, to enable them to "take-off" an evening to relief the tensions and to instruct them in their total role as parents. These homemakers will be taken from the community especailly from Parent Advisory Committee members of T.M.C. head start centers. They will be provided with specific trainings to enable them to efficiently carry out their assigned tasks. These services will be used only when the Department of Welfare cannot provide these services. A positive note in the usage of these homemakers is that they will come from the migrant community and will be sensitive and aware of the lifestyle of those migrant client families.

B. Emergency Medical Services - The appropriations for these services will serve to facilitate medical services when immediate action has to be taken in dealing with a case that requires medical services and no immediate resources are available. These expenses will not be for continuous care but will serve as a linkage mechanism to an on-going health care system. Many medical needs faced by a family are of an immediate characteristic. These needs are the target of these appropriations.

C. Emergency Aid Services - These services will be used to meet immediate supportive needs which often exert much of the pressures on dysfunctional families. Help with utilities, rent, or any pressuring need that may endanger their livelihood.

In summary, it is felt that in order to provide an effective method of intervention with client families, a way of resolving immediate and pertinent needs of the families is necessary.

Goal IV - Sensitize the Institutional Community of Special Needs of the Migrant Child Abusing Families

ACTION STEPS

Input present institutions by providing trainings to social workers, teachers, lawyers and all possible members of community institutions. These presentations would consist of lifestyle and cultural characteristics of migrant families. Pressures and conditions present in the migrant lifestyles that could on occassion be conducive to situations that could appear to be neglectful or abusive. By working with all factors of the migrant situation and sharing this knowledge through informative lectures, it is believed that a new perspective can be begotten by these institutional workers as to the difficulties of the migrant lifestyle.

Goal V. Immediate Need Problem - Solving

ACTION STEPS

This goal is one of the most important services that can be extended to the migrant families. In order to be able to work with these families providing immediate need problem solving is very important. In a case where a need for employment or housing is utmost in the families mind, no amount of counseling can be effectively delivered to produce positive results, therefore TMC will work on those immediate needs to try and find the solution immediately. Using all the avenues to other agencies that may be able to provide employment, housing or monetary assistance to reduce the need immediately. Each caseworker assigned to each individual case will be responsible for the solution of those problems. In this manner assuring a helping hand that is familiar with the whole spector of the case. This service will be the utmost in priority in trying to aid families in a neglect or abuse situation.

Goal VI - Parenting Education

ACTION STEPS

Classes composed of young migrant parents and the Parent Advisory

Committees of T.M.C. head start and other interested parents will be provided with workshops on parental roles and responsibilities. Speakers and parental relations experts will be brought to speak to those parents. Psychologists and counselors that deal with parents and children will be acquired to present clinics on those techniques of getting along with children. Staff members will gather all information possible to address on this issue. The classes will be formed in each caseworker areas so that easy accessability to the classes is achieved. Resources and service directories will be gathered and disseminated to these parents attending the classes. The classes will be mostly provided in the homebase segment of the program because it can be more effective and the participation rate much greater. The final objective of this classes on parenting education is multi-faceted:

1. To provide young parents with useful information on their parental role.
2. To prevent abuse and neglect
3. To inform the migrant populous of those family services available to them

Goal VII - Community Involvement

ACTION STEPS

Objective:

1. To inform community of the problem of Child Abuse
2. To involve community in this undertaking
3. To prevent child abuse through community understanding of this problem

One of the methods to be used in achieving this goal is to utilize all material presently under development by contractual agreement with the national center and consultant firms involved in producing this material. Presentations to groups in the community ranging from Jaycee Clubs to Parent Teacher Associations will be the main thrust of this

activity.

Sharing information accumulated by this project with the community. The use of the media to activate interest and support for such an effort as the one proposed by T.M.C. Child Abuse Project. Staff members will become a resource to community groups by approaching these groups and telling the groups of staff availability and willingness to speak, and present workshop to all interested groups of the community. Involvement of the community in all efforts put out by this project and the Department of Public Welfare to insure an on-going continuum of community involvement through the auspices of the on-going service of the State Department of Public Welfare.

Goal VIII - Establishment of a child abuse council

ACTION STEPS

Objective:

To formulate a lasting on-going organization to carry-on the goals and objectives of prevention of child abuse.

It is a great concern of this project that perhaps after the three (3) years of this project, a system by which to keep informed of the complexities of child abuse will not exist and therefore a break-down of all the positive objectives.

This project intends to establish in each of the communities in which it operates a council made-up of individuals involved in the delivery of services to cases of child abuse and neglect. The leaders of the community will participate in this endeavor to keep a governmental concern of this problem alive and in keeping with positive objectives. It is hoped that this councils formulated during the lifespan of this project will outline the project and keep functions such as public information, community involvement and education as part of the deterrents for child abuse and neglect. Positive and meaningful intervention can be gained by councils such as this to

study and help with the complexities of child abuse and neglect. Setting up this councils is forseen as an important role of this project to insure for a long lasting and meaningful effect upon the community by this project.

Goal IX - Become a resource, referral contact, provide DPW with potential to follow-up migrant child and abuse cases.

ACTION STEPS

A. At DPW request, TMC would provide assistance in locating relatives of children from migrant families. The following are some reasons why this assistance might be needed:

1. To develop resources for placement of the child with relatives

2. To locate an absent parent for a court appearance to insure the protection of the rights of both the parent and the children

3. To facilitate extended family contacts in instances of long term placement for children

B. TMC counselors will refer all unmarried pregnant girls under the age of 18 to DPW Protective Service Staff for counseling. This is to be done regardless of whether the girl plans to keep the baby, have an abortion, place the child for adoption or is undecided. Referrals such as these are essential to insure the protection of both the young mother and her baby.

C. Assistance in recruiting DPW agency foster parents by referral of families interested in keeping children in DPW custody for a temporary period--usually one week to three months--until a permanent home can be found for these children or they are returned to their own home: Foster families are studied by special SDPW staff and must be certified as meeting minimum Child Care Licensing Standards for Agency Boarding Homes. In this case, TMC's best servaice would be to simply refer interested individuals to SDPW rather than to attempt any detailed interpretation of the foster home program. Such interpretation should come from SDPW.

D. Assistance in parent education through involvement of selected abusive and neglectful parents in TMC's Parent Education Group: Such group experiences not only will provide the participants with support in managing the parental responsibilities through association with other parents but also will present specific information concerning working with many different community organizations--schools, social services, housing, etc., and how best to utilize the resources of such organizations. In addition, the T.M.C. counselor may work with inadequate parents in a one-to-one relationship by demonstrating and teaching specific parenting skills.

E. TMC staff can, on occasion, provide transportation to get a family or a child to medical and other resources.

F. On occasion, TMC staff could provide valuable assistance to selected abusive/neglectful parents who are uncertain about handling new or threatening situations such as the enrollment of children in a new school or a trip to the doctor or to the hospital. TMC staff might even give direct support by going with the parent to share their experiences with them.

G. TMC staff will make arrangements for and accompany local DPW staff in presenting the slide shows on child abuse to groups within the migrant community. (Spanish versions of this show and literature are available).

H. TMC day care services will be available (depending upon space available in specific TMC day care centers) as a resource for child care during the day when such care is a part of the protective service treatment plan for a specific case.

I. TMC will be available to provide follow up on closed abuse/neglect cases in which DPW objectives have been obtained but some supportive services are needed.

J. TMC will follow up on families which migrate out of the region before the problems leading to the abuse or neglect have been resolved. In the event that child abuse or neglect re-occurs while a family is out of Texas, TMC will make a referral to the agency providing protective services in that state, with a carbon copy to the home base state, and notify them of Texas DPW involvement with the family. TMC, upon identifying alleged cases of abuse or neglect in Northern states, will report it to the state in which it occurs and further report it to the family's home base state.

WORK STATEMENT
THIRD YEAR

The basic premise of the first two years of the TMC Child Abuse and Neglect Project work plan will continue to be stressed in much the same manner. The action steps will continue to be meaningful and related to the migrants lifestyle and culture in order to provide positive services to migrant families.

ACTION STEPS:

Goal I - Use of the Extended Family

A. Reinforcing Counseling and Treatments

The involvement of the clients extented family in treatment and counseling, provides TMC staff with a supportive structure from that client's family, who is aware of the problems of it's family members and, the treatment employed by the TMC staff will support the positive efforts of the extented family intervention when the client members seem to deviate from the treatment or counseling objectives. Though care has to be taken in which cases the whole family can be involved, experience has shown that positive extended family pressure can produce meaningful results for the family and a safety valve for the child. TMC will continue to utilize the extended family in this manner.

B. For Public Information

In utilizing the extended family in the treatment of their members, an informed body of persons have resulted. In turn these people convey the message of child abuse and neglect among their peer group. This proves to be a very effective method since discussion of a sometimes very complicated situation is reduced to the simplicity of friendly conversation. This conversation providing

information that is useful to those listening. In preparing the migrant families to be self-sufficient, it is the hope of TMC that the knowledge attained by these people will be shared with the rest of the migrant community for a long time. This endeavor in a sense stabilizing a system of public information on child abuse and neglect available to migrants today and most important tomorrow.

C. In Emergency Child Care

This area of involvement of the extended family was modified slightly by TMC since many complications arose from involving family members in a child placement situation. It will now be effected that members of the extended families of clients will be informed that at times they may be used to babysit the children involved, may it be an emergency or therapeutic situation. This way a state of normalcy, may be maintained for the children, therefore, it is felt this is a positive involvement of the family.

GOAL II - Following Abusing Migrant families to the Northern worksites to insure continuity of services.

ACTION STEPS:

1. Identify destination of current caseload by individual caseworkers
2. Exchange case particulars on cases not migrating to the particular caseworker northern assignment.
3. Report case progress to Department of Protective Services.

Cases currently in the caseloads of TMC child abuse and neglect personnel will be identified as to their northern worksite destination. From this point the caseworker will be assigned to the northern worksite where most of his cases have identified as their destination. The

slack of the individual caseworker caseload will be picked-up by other caseworkers who will have closer proximity to those cases. At this point casworkers will provide maintenance and preventive services as provided back in the homebase insuring positive service continuity. The caseworker will insure that all functions are carried out just as if the cases were back home, but considering the unique characteristics of the change in situation and geography.

GOAL III - Provide Needed Medical and Therapeutic Services

ACTION STEPS:

A. Homemaker Services

These services are to be provided when needed to provide effective treatment to client families. These services again will be offered as they were in the past. The services will provide an opportunity to parents to look for employment, to enable them to "take an evening off". These homemakers will be recruited from the migrant community especially from the TMC Headstart Parent Advisory Committees. They will be provided with additional trainings, distinct from those they may have already received as members of the Parent Committees. The usage of these parents as homemakers will insure that homemakers that are sensitive and aware of the migrant lifestyle provide services that are relative and meaningful to those families.

B. Emergency Medical Services

The appropriation for these services will serve to facilitate medical services when immediate action has to be taken in dealing with a case that requires medical services and no immediate resources are available. These expenses will not be for continous health care but will serve as a linkage mechanism to an on-going health care system. Many medical needs faced by a migrant family are of an immediate charater-

istic. These needs are the ones TMC intends to approach.

C. Emergency Aide Services

These services will be used to meet immediate supportive needs which often exert much of the pressures on dysfunctional families. Help with utilities, rent or any pressuring need that may endanger their livelihood.

In providing these services in the past TMC child abuse and neglect project feels that these services can provide TMC with an avenue to stimulate self referrals. Therefore, TMC has established as part of the service delivery system, a Family Resource Center. This center is merely a method to be used in identifying families with needs that may be conducive to either child abuse or neglect. Staff members interview families that come to TMC in search of help and if the problem seems to have the potential to produce child abuse or neglect, the staff intervenes by providing the needed services. This effort is consistent with the goal of providing services that are meaningful to the families and that truly address needs that a family may have.

GOAL IV - Sensitize the institutional community to the special needs and unique characteristics of the migrant families.

ACTION STEPS:

Input present institutions by providing trainings to social workers, teachers, and all possible members of the community institutions. These presentations would consist of lifestyle and cultural characteristics of migrants. Pressures and conditions present in the migrant lifestyles that could on occasion precipitate situations that could appear to be neglectful or abusive. By working with all factors of the migrant situation and sharing this

knowledge through informative lectures, it is believed that a new perspective can be begotten by these institutional workers as to the difficulties of the migrant lifestyle.

GOAL V - Immediate Need Problem-Solving

ACTION STEPS

This goal will continue to be of a top priority to TMC, since it is felt that this is a very important service offered to the migrant community. In order to be able to work with problem families providing immediate need problem solving is very important. In a case where a need for employment or housing is utmost in the families mind, no amount of counseling can be effectively delivered to produce positive results. Thus, TMC will work on those pressing needs to attempt to find the solution immediately. Using all the avenues to other agencies that may be able to provide employment, housing, or monetary assistance immediately. Each caseworker assigned to each individual case will be responsible for the solution of those problems. In this manner, assuring a helping hand that is familiar with the whole spector of the case. This service will be the utmost in priority in trying to aide families in a neglect or abuse situation.

GOAL VI - Parent Education

ACTION STEPS:

The education of parents in essential parent skill areas has always been part of the overall TMC objective. This year in the child abuse project, more emphasis will be placed on this function. Speakers and parenting experts will be brought to speak to those parents. Psychologists and counselors that deal with parents and children will be approached to present clinics on techniques of

positive parenting. Staff clinics on techniques of positive parenting. Staff members will acquire all possible child rearing information helpful to parents. Classes will be formed in each area to provide easy accessability. Resource and service directions will be gathered and dissiminated to those parents attending the classes. The classes will be mostly provided during the homebase segment of the program. This will be done to insure a greater participation rate. This goal intends to accomplish through these activities the following:

(a) Provide parents with useful parenting information.

(b) Prevent child abuse and neglect.

(c) To inform the migrant population of services available to them.

GOAL VII- Community Involvement

ACTION STEPS:

TMC will strive to involve community leaders in an effort to insure a permanent concern based locally and among citizen leaders. Leaders of the community will be invited to participate in the TMC Child Abuse and Neglect Advisory Council. Each area will establish these councils composed of the disciplines that interact with Child Abuse and Neglect, councils will be provided with the latest concerns in the realm of child abuse and neglect. The interaction of civic leaders with their daily activities insure also that more civic minded people will get involved in the overall interest of child abuse and neglect.

Each area supervisor will be responsible for the coordinating of all activities of these councils.

GOAL VIII Compliment and act as a referral contact for Department of Welfare

(both in the northern user states and Texas). Become a resource for DPW, provide Texas DPW with potential to follow-up migrant families in the migrant stream.

ACTION STEPS:

A. At DPW request, TMC would provide assistance in locating relatives of children from migrant families. The following are some reasons why this assitance might be needed:

1. To develop resources for placement of the child with relatives.
2. To locate an absent parent for a court appearance to insure the protection of the rights of both the parent and the children.
3. To facilitate extended family contacts in instances of long term placement for children.

B. TMC counselors will refer all unmarried pregnant girls under the age of 18 to DPW Protective Service Staff for counseling. This is to be done regardless of whether the girl plans to keep the baby, have an abortion, place the child for adoption or is undecided. Referrals such as these are essential to insure the protection of both the young mother and her baby.

C. Assistance in recruiting DPW agency foster parents by referral of families interested in keeping children in DPW custody for a temporary period--usually one week to three months--until a permanent home can be found for these children or they are returned to their own home: Foster families are studied by special SDPW staff and must be certified as meeting minimum Child Care Licensing Standards for Agency Boarding Homes. In this case, TMC's best service would be to simply to refer interested individuals to SDPW rather than to simply attempt any detailed interpretation of the foster home program. Such interpretation should come from SDPW.

D. Assistance in parent education through involvement of selected

abusive and neglectful parents in TMC's Parent Education Group: Such group experiences not only will provide the participants with support in managing the parental responsibilities through association with other parents also will present specific information concerning working with many different community organizations, schools, social services, housing, etc., and how best to utilize the resources of such organizations. In addition, the TMC Counselor may work with inadequate parents in a one-to-one relationship by demonstrating and teaching specific parenting skills.

E. TMC staff can, on occasion, provide transportation to get a family or a child to medical and other resources.

F. On occasion, TMC staff could provide valuable assistance to selected abusive/neglectful parents who are uncertain about handling new or threatening situations such as the enrollment of children in a new school or a trip to the doctor or to the hospital. TMC staff might even give direct support by going with the parent to share their experience with them.

G. TMC staff will make arrangements for and accompany local DPW staff in presenting the slide show on child abuse to groups within the migrant community. (Spanish versions of this show and literature are available.)

H. TMC day care services will be available (depending upon space available in specific TMC day care centers) as a resource for child care during the day when such care is a part of the protective service treatment plan for a specific case.

I. TMC will be available to provide follow up on closed abuse/neglect cases in which DPW objectives have been obtained but some supportive services are needed.

J. TMC will follow up on families which migrate out of region before the problems leading to the abuse or neglect have

been resolved. In the event that child abuse or neglect re-occurs while a family is out of Texas, TMC will make a referral to the agency providing protective services in that state, with a carbon copy to the home base state, and notify them of Texas DPW involvement with the family. TMC, upon identifying alleged cases of child abuse or nelgect in Northern states, will report it to the state in which it occurs and further report it to the family's home base state.

The unwritten role of the council is the ever present effort of advocacy for the migrant. TMC firmly believes that constructive advocacy goes hand in hand with cooperation to synthesize the general community to the unique and often neglected needs of the migrant farmworker.

The issues affecting the migrant community are varied. These issues arise from a segment of our population that is agreeable to harsh living and working conditions because they come from rural areas with widespread poverty and low educational achievement and high unemployment. Among the migrant community it is estimated that one-third of the migrant workers leave their home state area to travel to agricultural user states.

GOAL IX - Development of Training Materials and Provide Training to five identified user states.

ACTION STEPS:

It has become evident through the summer phase of the Texas

Migrant Council Child Abuse and Neglect Project that northern migrant user states have no clear base as to the culture and life-style of the migrant farmworker. Furthermore, they have no clear concept as to how to work with migrant families who have problems of child abuse and neglect.

The community program would cover vignetts on profiles of the migrant to include hours of work, educational levels, economic levels, and other pertinent information relative to the culture and lifestyle of migrants. In this effort utilization of the resource project media contacts will be invaluable.

On the program for the state agencies, TMC would include:

1. What is a migrant?
   A. Homebase
   B. In the northern states
   C. Value, attitudes, beliefs
   D. Lifestyle

2. Reactions to angle service delivery system

3. Methods to work with migrants
   A. Developing a helping relationship through homevisits
   B. Methods of measuring success

4. How to set-up a migrant advocacy agency and state protective service cooperative agreement for child abuse and neglect.

5. How to link on to the TMC CA/N Project effort

Along with these training areas a continuous offer of technical and training assistance will be made to all states indentified.

The primary states indentified for these trainings are Wisconsin, Illinois, Michigan, Ohio, and Indiana.

These trainings will be carried-out by utilizing a cadre of 5 TMC CA/N personnel. Each state would be visited once prior to the training sessions to set-up all logistical details. Each training sessions would be 3 days with two days of travel time for staff. Utilizing the slide tape presentation and other relative materials to

fully prepare the state agencies to truly deal with the problem of child abuse and neglect within the migrant community in their states. TMC feels that this is an essential step to promote the needs of the migrants so that community based help resources will be more willing to provide service to those migrants in need.

In summary, the areas to be addressed by these trainings are the following:

A. Culture and lifestyle of the migrant

B. How to work with migrant families with CA/N problems

C. A Community Awareness Campaign

GOAL X Development of a Resource and experience Manual of TMC Child Abuse and Neglect Prevention Project.

ACTION STEPS:

Texas Migrant Council will document all the particulars that have happened during the provision of services to migrant families. The intent of this manual will be to provide some insight to sociologists, government agencies and others into the problems faced by migrants, both internal and external. Statistics will play an important informational tool. Specific problems will be highlighted especially if the problem occurs with an external factor.

TMC believes that the best interest of the migrant families will be served, only and if, TMC produces this manual completely illustraing all the problems and obstacles this agency encountered in attempting to provide services. Furthermore, the particular situations of migrant families who fall victim to a system that negates their rights merely because of their work situation in crossing state lines. The manual will address issues that need to be brought up for governmental inspection and consideration.

Child Abuse and Neglect appears to be a given in the life of the migrants. Many will be the issues that will improve the knowledge base as to the why of migrant dysfunctional families.

APPENDIX B: MICHIGAN DEPARTMENT OF SOCIAL SERVICES-TEXAS MIGRANT COUNCIL AGREEMENT

MICHIGAN DEPARTMENT OF SOCIAL SERVICES

&

Texas Migrant Council

Child Abuse Project Handbook

Prepared by:

Michigan Department of Social Services

June, 1976

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MDSS-TMC - Protective Services Project: Child Protective Services

INTRODUCTION

The Texas Migrant Council is the recent recipient of Federal Funds for a Child Abuse Project for migrant families. One of the objectives of this special grant is to provide, through the Texas Migrant Council, resources to be available to existing agencies responsible for services to abused and neglected children, i.e. the Michigan Department of Social Services (MDSS). The local Social Service staff of MDSS and Texas Migrant Council are entering into an agreement whereby the two agencies will cooperate and coordinate their efforts to expand the scope of services available to meet the needs of children in migrant families who are victims of parental abuse and/or neglect and to their families.

I. General Concepts

A. MDSS is the agency designated by state law to receive and investigate reports of child abuse and neglect.

B. MDSS is legally responsible for the placement of children for care outside their own homes.

C. In situations where MDSS Protective Service staff refer a family for a specific service(s) to be provided by the Texas Migrant Council staff, the MDSS staff are responsible for the overall management of the case.

D. Coordination of case activity between TMC and MDSS will be primarily at the MDSS Protective Services worker/TMC counselor level with supervisory review and assessment by both agencies at specified times, especially when the service request is made and when closure of the case is planned.

E. There will be a mutual exchange of staff office addresses and telephone numbers between TMC Child Abuse Project Staff and MDSS Protective Service staff to facilitate coordination and communication.

F. Definition of Migrant - For the purposes of this project, the following definition of a migrant will be used: "Any person whose annual income is derived from any form of food processing industry, may it be working the soil, harvesting, packing or canning, and is required to relocate, may it be intra-state or interstate in nature."

II. Referrals

Child abuse and neglect situations may come to the attention of the TMC counselors as the result of their routine activities in which they actually see a child who appears to be abused or neglected. In these situations the TMC counselor should call the MDSS Protective Service staff serving that area immediately.

The following information is desireable:

A. Name and address of person(s) being reported in the complaint situation - parent(s), children or person other than family member committing child abuse or neglect, such as day care staff, school personnel, etc.

B. A brief description of the problem required. Example: children left alone - children with suspicious bruises - children not properly supervised, begging food, etc.

C. Approximate duration of the problem situation - how long has it been going on?

D. Who else knows of it?

If other persons having knowledge of child abuse or neglect contact the TMC counselor about such situations, the TMC counselor should advise the person that he must report referrals on child abuse/ neglect to MDSS.

III. Areas in which TMC represents a Potential Resource to MDSS Protective Services

A. At MDSS request, TMC would provide assistance in locating relatives of children from migrant families. The following are some reasons why this assistance might be needed:

1. To develop resources for placement of the child with relatives.

2. To locate an absent parent for a court appearance to insure the protection of the rights of both the parent and the children.

3. To facilitate extended family contacts in instances of long term placement for children.

B. Assistance in recruiting foster parents by referral of families interested in keeping children in custody for a temporary period - usually one week to three months - until a permanent home can be found for these children, or they are returned to their own home. Foster families are studied by MDSS staff and must be certified as meeting minimum Child Care Licensing Standards. In this case, TMC's best service would be to simply refer interested individuals to MDSS rather than to attempt any detailed interpretation of the foster home program. Such interpretation should come from MDSS.

C. Assistance in parent education through involvement of selected abusive or neglectful parents in TMC's Parent Education Groups. Such group experiences not only will provide the participants with support in managing the parental responsibilities through association with other parents, but also will present specific information concerning working with many different community organizations - schools, social services, housing, etc., and how best to utilize the resources of such organizations. In addition, the TMC counselor may work with inadequate parents in a one-to-one relationship by demonstrating and teaching

specific parenting skills.

D. TMC staff can, on occasion, provide transportation to get a family or a child to medical and other resources.

E. On occasion, TMC staff could provide valuable assistance to selected abusive/neglectful parents who are uncertain about handling new or threatening situations such as the enrollment of children in a new school or a trip to the doctor or to the hospital. TMC staff might even give direct support by going with the parent to share their experience with them.

F. TMC Day Care Services will be available (depending upon space available in specific TMC Day Care centers) as a resource for child care during the day when such care is a part of the Protective Service treatment plan for a specific case.

G. TMC will be available to provide followup on closed abuse/neglect cases in which MDSS objectives have been obtained but some supportive services are needed.

H. TMC will followup on families which migrate out of the Region before the problems leading to the abuse or neglect have been resolved. In the event that child abuse or neglect re-occurs while a family is out of Michigan, TMC will make a referral to the agency providing child protective services in that state, with a carbon copy to the home base state, and notify them of MDSS involvement with the family. TMC, upon identifying alleged cases of abuse or neglect in other states, will report it to the state in which it occurs and further report it to the family's home base state.

I. TMC will try to help members of child abuse/neglect families find employment when needed.

IV. Referral Procedure - MDSS to TMC for Specific Services

A. A written request for services from DSS Protective Services worker to TMC Supervisor: Emergency requests for TMC services may be made orally either in person or by telephone, but must be followed by a written request.

B. TMC supervisor reviews and assigns the request to a counselor, notifying the DSS worker of this section. TMC supervisor is also responsible for notifying DSS worker if requested service is not available or may be delayed.

C. TMC counselor contacts DSS worker for planning conference to discuss case needs as they relate to the service requested that TMC provide. TMC and MDSS workers define and agree upon their individual responsibilities in the case. Where possible, MDSS and TMC workers will then contact the client together to represent their coordinated actions.

D. MDSS worker and TMC counselor confer about case progress at

least every two weeks or more often if necessary. This is to insure continued coordination and open communication. TMC and Protective Services supervisors may attend these as need indicates.

E. At time of MDSS closure of the case, the worker confers with TMC worker to share MDSS decision to close and the reasons for this decision. TMC has the latitude to continue to follow the case after MDSS closure. The case should be referred back to MDSS if child neglect or abuse re-occurs.

V. Written Reports

It has been agreed that written reports will be required in the following circumstances:

A. Requests for services from MDSS to TMC.

B. TMC's response to MDSS request for service (form 3).

C. At monthly intervals, the TMC counselor will send a written report of his activities with respect to a MDSS requested service to the MDSS worker requesting such services (form 5).

D. At time of MDSS case closures, the TMC counselor will send a written report of his activities with respect to a MDSS requested service to the MDSS worker requesting such services.

E. The MDSS worker requesting a service of TMC will send a quarterly report to the TMC supervisor reflecting the problem areas in the case and the degree of progress or lack of progress in resolving these problems. This report will be initiated by the MDSS supervisor.

VI. Release of Information

When MDSS refers a client to TMC for service, the client will be asked to sign a statement agreeing to accept the TMC services offered and consent for MDSS and TMC to share information about them (Form 4).

VII. Project Evaluation

It is generally and mutually agreed that TMC and MDSS administrative staff involved with this demonstration project will monitor the ongoing activities of the project, and that such activities will be jointly reviewed and evaluated at least on a semi-annual basis. The purpose of such mutual evaluation being to modify the service activities provided under the project by deletion, expansion, or supplementation of current activities or the addition of new services Such evaluation conferences would be confirmed in writing and the recommendations generated in these conferences would provide significant direction in the remaining two years of this three year project.

MDSS REFERRAL TO TMC FOR SERVICES

A. Purpose

1. To serve as a written request for services from TMC for MDSS protective service clients.

2. To serve as a face sheet for TMC workers to use when making initial contact with clients referred for services by MDSS.

3. To serve as a basis for making a case plan which coordinate the efforts of the MDSS and TMC workers.

B. Procedure

1. Form 2 is prepared when a client is identified as a migrant (see instructions for Form 1 for definition) and the need for services is documented.

2. Form 2 is prepared in duplicate, with the original going to the appropriate TMC counselor with a copy for the MDSS case record.

3. Form 2 is used for all cases referred to TMC for service. In emergency cases where immediate services is needed, the service request can be made by phone to the TMC couselor, but the phone call must be followed by a written request on Form 2.

C. Detailed Instructions

1. MDSS worker's name, address and phone number is included on the form.

2. Family information:

   The name, address and phone number (if any) of the mother and father of the family being referred is filled out completely. The name, age and whereabouts (if different from the parents) is given for the children.

3. Reasons for MDSS Involvement:

   A brief summary of the orginal complaint to MDSS is given under "Reasons for MDSS Involvement." Whether or not the complaint is valid should be indicated.

4. Services Requested of TMC:

   A brief description of the specific services being requested of TMC will be provided by the MDSS worker. These services will indicate the needs of the client and the areas in which the MDSS worker feels TMC can be of service to the client.

5. Signature of both the MDSS worker and MDSS supervisor are required along with the dates that the Form 2 is signed.

MDSS/TMC #2
June, 1976

MDSS REFERRAL TO TMC FOR SERVICES

Submitted to _____,TMC Supervisor Date_____

Referred by _____ Address_____Phone_____

Father _____Address_____Phone_____

Mother _____Address_____Phone_____

Children: Name Age Whereabouts

_____

_____

_____

_____

_____

Reason for MDSS Protective Services Involvement:

Services Requested of TMC:

Worker's Signature_____ Date_____

Supervisor's Signature_____Date_____

cc: MDSS Supervisor
File

TMC'S RESPONSE TO MDSS REFERRAL

A. Purpose

1. To acknowledge receipt of MDSS referral for services by TMC Supervisor.

2. To indicate action taken on MDSS referral for services.

3. TO indicate the name of the TMC counselor assigned to a service request or the reason(s) for denial or delay of the service request.

B. Procedure

1. To be filled out immediately upon receipt of Form 2 (MDSS Referral to TMC for Services).

2. Form 3 is sent to the MDSS worker making the original referral for services, whether the request for services is made in writing or by telephone.

C. Detailed Instructions

1. Form 3 is addressed to the MDSS worker making the request for services.

2. Check whether the request for services is accepted or denied.

3. If request is accepted, indicate name, address and phone number of TMC counselor assigned to the case.

4. If request is denied, indicate reasons for the denial and suggest referral to other agency when appropriate.

5. TMC supervisor signs and dates Form 3.

TMC'S RESPONSE TO MDSS REFERRAL

Submitted to: _____ Date_____

Family Name _____ Address_____

Action Taken:

Request for Services Accepted _____

Referral Assigned To _____

Address __ _____Phone_____

Request for Services Denied _____

Reason(s) for Denial _____

_____

_____

Suggested Referral to Other Agency_____

Supervisor's Signature_____

Date_____

MDSS-TMC AUTHORIZATION

A. Purpose

1. To serve as a written acceptance of services from the Texas Migrant Council.

2. To serve as an authorization for the Michigan Department of Social Services and the Texas Migrant Council to share information about the client's family situation.

B. Procedure

1. After a TMC counselor is assigned to a case referred by MDSS for services, the MDSS and TMC workers discuss a case plan including the client's needs, what services will be offered to the client, and who will be responsible for providing each service needed.

2. The client is asked to accept the services being offered by TMC and permission is obtained for the MDSS and TMC workers to share information about the client's family as it relates to the services which will be provided to the family.

3. The client signs his name and gives his address and the date on Form 4 indicating acceptance and authorization (as stated above). The Form 4 is then witnessed, preferably by the TMC and MDSS workers.

4. Form 4 is completed in duplicate so that a copy can be retained in the case records of the TMC and MDSS workers.

5. If client refuses to accept the services offered by TMC or denies permission for TMC and MDSS to share information about his family, a statement of the refusal is written on Form 4 by the MDSS worker and the client is asked to sign the statement. The MDSS and TMC workers both should witness this signature. TMC's involvement with the family is then terminated immediately.

MDSS/TMC #4
June 1976

MDSS-TMC AUTHORIZATION

I hereby agree to accept services from the Texas Migrant Council. I authorize the Michigan Department of Social Services (MDSS) Protective Services and the Texas Migrant Council (TMC) to share information about my family situation as it relates to the services which will be provided to my family.

Estoy dispuesto a aceptar los servicios del Texas Migrant Council. Autorizo al Michigan Department of Social Services, Protective Services, y al Texas Migrant Council que compartan informacion tocante a mi situacion familiar que este relacionada con los servicios que mi familia reciba.

Name _____

Address _____

Date _____

Witness: _____

Witness: _____

TMC MONTHLY REPORT TO MDSS
Protective Services Division

A. Purpose

1. To review services requested of TMC and progress made towards accomplishing the services.
2. To indicate the client's involvement with TMC services.
3. To notify MDSS of any changes in the client's family situation.
4. To make suggestions for further services needed by the client.

B. Procedure

1. Form #5 is completed monthly by the TMC counselor in duplicate. Form #5 is also completed at time of case closure by MDSS or TMC.
2. The original Form #5 is sent to the MDSS Protective Services caseworker managing the case. The copy is kept in TMC case record.

C. Detailed Instructions

1. Enter the name of the MDSS Protective Services worker managing the case.
2. The name, address, and phone number of the TMC counselor completing the form is entered and the form is dated.
3. The client's family name and address is entered for purposed of case identification.
4. The date the case was referred to TMC for services is indicated.
5. Services Requested of TMC:

   The specific services requested of TMC are listed.

6. Progress Towards Accomplishing TMC are listed.

   Progess (or lack of progress) towards accomplishing TMC service is indicated.

7. Client's Involvement with TMC Services:

The degree of involvement of the Mother and Father (or parent substitutes) with TMC services is indicated by check marks for the area below. (If only one parent figure is in the home, leave appropriate section blank.)

A. Identifies Problems: How often does the father (father figure) identify or help to identify problems affecting him and his family?

B. Helps develop solutions: How often does the father help the TMC counselor plan and develop solutions to the problems he and his family are having?

C. Implements Solutions: How often does the father make an effort to implement the identified solutions to problems?

Complete the section for the Mother (mother figure) in the manner described above.

8. Changes in Family Situation:

TMC counselor indicates any changes in the client's family situation of which the MDSS worker should be aware.

9. Suggestions for Further Services to Client"

TMC counselor makes suggestions for further services needed by the client and identifies possible resources (whether MDSS, TMC or other) to provide the needed services.

10. Additional Comments:

Cover any significant information about the case not mentioned in the above areas.

11. Both the TMC Supervisor and counselor sign and date Form #5 before submittal to the MDSS worker.

MDSS/TMC #5
June 1976

TMC MONTHLY REPORT TO MDSS

Subbmitted to:_____MDSS Worker

Report by:_____Address_____Phone_____

Report Date_____

Family Name_____Address_____

Date Case Referred to TMC for Services:_____

Services Requested of TMC:

Progrss Towards Accomplishing TMC Services Requested by MDSS:

Client's Involvement with TMC Services:

	Father			Mother		
	Identifies Problems	Helps Develop Solutions	Implements Solutions	Identifies Problems	Helps Develop Solution	Implement Solution
Always						
Usually						
Sometimes						
Seldom						
Never						

Changes in Family Situation:

Suggestions for Further Services to Client?

Additional Comments:

Worker's Signature_____ Date_____

Supervisor's Signature_____Date_____

MDSS STATUS REPORT TO TMC

A. Purpose

1. To review the reason for the Michigan Department of Social Services (MDSS) involvement with the client.

2. To review the specific services requested of the Texas Migrant Council (TMC).

3. To notify TMC of changes in the client's family situation.

4. To indicate progess (or lack of progress) in accomplishing the case plan.

5. To re-assess the client's needs.

B. Procedure

1. MDSS worker completes Form 6 quarterly and at time of MDSS case closure (whichever comes first).

2. Form 6 is completed in triplicate, with the original going to the TMC Child Abuse Project Supervisor and copies going to the MDSS supervisor and the case record.

C. Detailed Instructions

1. The name of the TMC supervisor to receive Form 6 is filled in.

2. The name, address, and phone number of the MDSS worker completing the report is indicated and the form is dated.

3. The client's family name and address is indicated for purposes of case identification.

4. Initial Reason For Referral to MDSS:

   The initial reason the case was referred to MDSS is summarized (i.e. abuse/neglect complaint, request for services, family problems, etc.)

5. Services Requested of TMC:

   The specified services requested of TMC are listed.

6. Current Family Situation:

   Changes in the client's situation are noted and an assessment of the family's current situation is made by the MDSS worker.

7. Indications of Progrss:

   Indications of progress (or lack of progress) towards meeting the goals or the case plan are stated. This should include services being offered the client by both MDSS and TMC.

8. Reassessment of Client's Needs:

   The MDSS makes a reassessment of the client's needs, identifying the need for new services as well as continuance or discontinuance of a service presently being provided.

9. Additional Comments:

   Cover any significant information about the case not mentioned in the above areas.

10. Both the MDSS worker and supervisor sign and date Form 6 before submittal to the TMC supervisor.

June 1976

MDSS STATUS REPORT TO TMC*

Submitted to:_____ TMC Child Abuse Project

Report by:_____Address_____Phone_____

Report Date_____

Family Name_____Address_____

Initial Reason for Referral to MDSS:

Services Requested of TMC:

Current Family Situation:

*Used quarterly and at time of closure.

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Indications of Progess (or Lack Of Progress):

Reassessment of Client's Needs:

Additional Comments:

Worker's Signature_____Date_____

Supervisor's Signature_____Date_____

cc: MDSS Supv.
file

List Of Appendixes

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Appendix B: Michigan Department of Social Services - Texas Migrant Council Agreement

Appendix C: Mexican-American Migrant Health Practices

Appendix D: Position Network/Semantic Differential

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APPENDIX C: MEXICAN-AMERICAN MIGRANT HEALTH PRACTICES

This description of health care practices has been extracted from the Training Manual for Rural Migrant Health Aides, a Texas Migrant Council, Inc., publication. The descriptions of treatment behaviors seem particularly important to understand. We cannot emphasize too strongly the fact that individuals within the Mexican-American migrant community will vary greatly in terms of the extent to which they identify with and utilize such practices. They are included here to caution those who are unaware of the cultural traditions against misinterpreting the motives and expectation involved when these practices are employed by Mexican-American migrants.

Personnel of programs which have at their goal significant improvements in health among the Mexican-American, increasingly find that information on the beliefs, attitudes and health practices of these people facilitates their work. With this in mind, let's take a closer look at the health behavior of Mexican-Americans.

CURANDEROS

In many Mexican-American communities in South Texas, there is no such thing as a family doctor. Instead, there is the curandero, a folk healer who cures everything from stomach aches to spiritual illnesses. Curanderismo, the art of Mexican-American folk medicine, is practiced in the Wintergarden area and possibly in many other Mexican-American communities in Texas. Low wages combined with the absence of culturally compatible medical care causes many families to be medically indigent. Therefore,

Mexican-Americans many times turn to curanderos, or folk healers to help them.

Today's curanderismo uses ancient herbal knowledge, intercession saints, and magical-religious rituals. Religion is a focal point of curanderismo. Oraciones (prayers) are used during sessions asking for the intercession of saints and spirits. Some saints such as La Virgen de Guadalupe and La Virgen de San Juan have universal appeal and are used in most situations. The curanderos disclaim any healing power of their own but say God heals. Patients are reminded to seek God's help and to take an active part in the healing process. Folk healers emphasize that the patients faith facilitates the healing process.

Folk healers practice in the community where they live. Their patients are people they know - friends, neighbors, etc. This enables him to be more effective because he knows the family better than a doctor, he can communicate more effectively and the family tends to put more trust and faith in his powers. Curanderos do not have a set fee for services. Many of them are devoted to helping people rather than making money.

Curanderos receive spiritual messages which tell them what remedy or cure a patient needs. These remedies include: the administering of herbs and purgatives, the application of liniments, oils and poultices (dressings), massaging, regulation of diet, and the performance of magical cures and prayers. One of the first steps in the diagnosis involves cleansing the patient of evil or bad vibrations. This is achieved by giving barridas (ritual sweeping). An object is passed over the patient's body to draw out evil. The objectives used with

barridas are eggs, lemons, green apples, purple onions, garlic and black chickens. The evil exists as bad vibrations and the object has the power to remove this, returning the body to a state of health and balance.

It should be noted that the folk medicine uses a holistic approach to health in that it treats the person's physical, social, psychological and spiritual being. It treats the person as a whole human being instead of just treating one organ or set of symptoms. Curanderos, thus provide culturally relevant health care.

HERBS AND OTHER REMEDIES

Mexican-Americans are often well-versed in the preparation of herbal medicines and in the different methods of treatment of common illnesses. lack of money and medical facilities causes mothers of large families, especially those living in rural areas like the Wintergarden area to rely on folk remedies based on tradition and personal experimentation. Besides, common illnesses, housewives, and other individuals treat traditional sickness such as mal de ojo (evil eye), empacho (surfeit) and caida de mollera (fallen fontanel). These folk illnesses are usually treated by neighbors or members of the patient's family, rather than by curanderos whose services are sought for more serious and difficult problems.

The Mexican-American's strong belief and continual use of herbal remedies is evident by the teas made, poultices, tonics, oils used, and baths taken which include herbal mixtures. The most common prescribed herbal remedies are administered in the form of baths and teas. Romero (rosemary) is known to aid

rheumatism. The boiled herb is used in baths, or the patient may drink three cups of romero tea daily for thirteen days. Two herbs commonly used to lower fevers include boraja (borajo officialis) and cenizo (barometerbush). Cenizo is also prescribed for patients suffering from anemia. Fresno (ash tree) cures infections, hair problems and tightens loose skin. Agua de arroz and zarzafras (rice water) are used to stop diarrhea. Tea de nopal or cactus tea is taken to improve appetites, to give more energy, and to cure stomach and bladder problems. Hipazote (wormseed) is used for eliminating and disposing intestinal worms. Manzanilla (camomile) is used to make a tea for colds, bronchitis and stomach disorders. La silvia is used for nourishment of small infants and for good blood circulation. Manrubio (hoarhound) is used for colds and coughs. Flor de tila can be used to cure nervous tension and insomia.

One of the advantages of folk cures is that they may be administered by anyone: any member of the patient's family, by the patient himself, or by neighbors. However, one of its disadvantages is that they are not always in agreement with contemporary medical practice.

Many of the herbs prescribed can be found growing wild in South Texas. Common herbs such as romero, yerba buena, saliva, cenizo and others are frequently grown in people's yards and gardens. Less common herbs and those not grown in the area may be brought at boticas or yerberias. The fact that boticas exist in practically every Mexican-American community gives testimony to the extent of herbal usage. Herbal folklore plays a significant and important part in Mexican-American health

and medicine.

C. IDEAS ABOUT ILLNESS AND BEING SICK

1. How might Mexican-American migrants identify diseases?

a. Disease of hot and cold imbalance.

According to ideas brought by Spaniards during the colonial era, foods have either a "cold", a "hot", or a "Cordial" (neutral) quality. Extending these historical concepts some foods are considered beneficial or harmful according to their quality. For instance, pork meat usually is "hot", while corn tortillas are "cold", therefore, eating pork meat with corn tortillas will be "cordial" or neutral. Regulating one's diet is considered vital to good health, and many disorders are traced to imbalanced intake of"hot" and "cold" foods. Infants and small children are believed to be unusually vulnerable to "cold stomach" an imbalance producing symptoms of colic. Large amounts of cold foods such as citrus fruits should be avoided in the diet of children. This condition is treated by massaging the back and legs with warm olive oil until a red glow appears.

Other factors beside an imbalanced diet may produce an excess of heat or cold in the body and thus lead to illness. Cold air especially wind or drafts can lead to enfriamiento, "catching cold" in some part of the body. People with this illness (enfriamiento) usually complain of pain in a joint, particularly the knee or shoulder. To restore the affected part of normal, heat

or remedies thought to contain the quality of heat are applied to the affected area.

Herbs are used for conditions resulting from "hot" and "cold" imbalance. Ruda (rue) is a favorite herb and is regarded effective against excessive "cold" in the body. Ear aches are attributed to cold air blowing in the patient's ears. Treatment consists of blowing hot air into the ear. To accomplish this, a funnel is placed with the tip in the ear canal and a paper torch is lighted and held up before the large end of the funnel. Warm air and smoke are then blown into the ear from the burning paper via the funnel.

b. Diseases of dislocation of internal organs

Caida de la mollera (fallen fontanel) afflicts the very young. Infants are thought of by the Spanish-speaking population to possess a fragile skull formation. The skull includes a section which in this immature stage easily slips or is dislodged from its normal position. The mollera (fontanel) is that part of the skull which is situated at the very top of the head. A blow upon the infant's head caused by a fall is believed to dislodge the mollera, causing it to sink. Mollera caida is diagnosed by observing a depression over the skull. A further diagnostic procedure is examination with the fingers of the hard palate. If the child is affected, a bolita (little ball) is felt in the roof of the mouth.

Often the mother of a child does not witness the

fall. Her first indication of trouble is the appearance of the symptoms common to caide de mollera. These symptoms include: the inability of the child to grasp firmly with his mouth the nipple of the bottle or breast, loose bowels (correncia), and crying and restlessness. Sometimes the illness is accompanied by high temperature.

The infant is treated by holding them in the arms of the curer, face up. The healing begans with the recitation of prayers. During prayers, the healer places a thumb inside the mouth of the little patient pushing upward several times (usually three) against the upper palate. An external pull of some sort is applied at the same time, against the depression left by the mollera caida. Other alternatives are used to apply an external pulling. The most common is for the curer to fill her mouth with water and to suck (chupar) at the depression. In more serious cases, the contents of an egg are rubbed into the hair of the patient above the depression to form a patch. The egg is permitted to remain for several moments so that it can draw up the mollera caida. When the egg is used, there is no need to apply pulls by other means.

Following the procedures designed to push and pull the fallen parts back to position, the treatment is terminated by shaking these parts securely into their normal position. The child may be held upside-down by by the ankles and shaken three times in a brusque manner,

or he may be turned in the arms of the curer to rest on one side. The body is then brusquely shaken toward the head. After the third shaking the patient's feet are lightly tapped by the hand of the curer, three times.

c. Disease of magical origin:

1) Mal de ojo (evil eye) is a disorder that is thought to have a magical origin. All individuals are susceptible to mal de ojo, but the weaker nature of children and women makes them more prone to it. It is believed that if someone, especially an adult, admires someone else's child and looks at him without actually touching him, the child may fall ill of mal de ojo. Anyone can inflict evil eye upon a child, and the offending person may not even be conscious of the damage done. The symptoms are sudden severe headaches, crying a great deal without cause, fever, and unusual fretfulness. Evil eye can be prevented if the potential culpuit after admiring a child touches him.

The condition is diagnosed by rubbing the child's body with a whole raw egg to absorb some of the heat and power which has distrubed the balance of the youngster. A water glass half-filled of liguid is brought close to the patient and the egg tapped three times on the edge of the glass. On the third blow the shell is broken open, symbolizing the rupture of the bond between the patient and the stronger individual. The egg is emptied into the water glass where it is permitted to settle and assume a diagnostic form. If the form assumed by

the egg in the glass suggests "cooked" shape (i.e., sunny-side-up) the condition is diagnosed as one of mal de ojo. All patients who have had the preliminary state of the treatment: the combined forces of the calm rubbing of the whole egg on the body and the quietness of prayer and conversation in a therapeutic atmosphere of tenderness and concern, usually with one's most warm relative the mother or grandmother become relaxed in body and mind.

If the egg presents a diagnosis of mal de ojo, a treatment follows which is designed to drain the intrusive power of the stronger individual from the patient. The egg-water mixture is placed under the head of the bed, remaining there throughout the night. By morning the mysterious draining powers of the egg are presumed to have drawn the alien power from the subject's organism. In the early morning hours the mixture is removed from its position beneath the head of the bed and carefully disposed of by burying in the yard, or flushing in a commode.

2) Mal de aire (bad air)

A cold or "bad" which affects children and adults causing pain, cramps, and sometimes facial twisting, paralysis and disfigurements. The disease is thought to be the result of evil spirits or other vaguely conceived forces which inhabit the air and may take possession of a person causing him to become ill. For instance, you may be very warm and go outdoors only to become

the victim of a mal de aire.

3) Brujeria (witchcraft)

Brujeria is regarded as a cause of disease by many people. Many people believe witches exist who can cause illness through magical procedures through a mal puesto (hex). A mal puesto is the supernatural manipulation of forces in which a brujo(ja) sorcerer, witch places a hex upon a person. Many different diseases can be described as caused by a mal puesto from a bruja, chronic diseases, lunacy, mental retardation and tuberculosis sometimes are considered due to brujeria. Spells, prayers, religiuos objects (such as pictures of saints, crucifix) and holy water may be used to ward off evil forces.

d. Diseases of emotional origin:

1) Susto (fright) is one of the most common folk disease. An incident having a disturbing effect on an individual often causes a part of the self, the espiritu, to leave the body. A person who suffers long periods of listlessness, is pale, gets big round eyes that look sad, and lacks an appetite is considered asustado. A shock sufficient to disengage one's espiritu may be caused by experiences of a frightening nature such as witnessing an automobile accident, falling by tripping over an unnoticed object, etc., or it could be our reactions to the tribulations of everyday life and become mortificado (a traumatic personal reaction to upsetting situations). Also social situations which

produce conditions of anger or fear in the individual are to be avoided for they cause one's espiritu to wander.

Susto, also known as espanto, is easily treated. The patient is made to lie down on a bed or on the floor with arms outstretched so as to resemble a cross. Then, the patient's body is swept with a branch of the herb pirul. The sweeping starts from the chest and stomach proceeding in lateral directions and up and down toward the extremities. Before sweeping, the curer and patient talk over matters of a personal nature so as to throw light on the reason for the condition. As the cure progresses with the sweeping, the curer prays in calm and quiet tones, and the patient calls out to his wandering espiritu to return. Sometimes during the treatment a sudden sputter of liguid, either water or liquor, is emitted from the mouth of the healer. This shocks the patient bathing him about the face. Both patient and curer recognize when the treatment has succeeded. The patient for his part feels that his espiritu has rejoined the body.

2) Empacho (surfeit) is characterized by the presence of a large ball in the stomach which produces swelling of the abdomen. The condition is caused by the failure of the digestive system to pass a chunk of food to the intestinal tract. This occurs because the chunk of food clings to the intestinal wall causing sharp pains. Empacho is often confused with gas or indigestion.

A diagnosis rules out other ailment from empacho.

In empacho a large hard ball in the stomach may be felt by the examiner. The treatment requires that the stomach be massaged for a few minutes with some olive oil. Then have the patient drink a herbal tea made of yerba buena, epazote, and manzanilla (mint, saltwort and camomile). The healer may also administer an oral dosage of asoque (quicksilver) to penetrate the chunk of food, softening and crumbling it.

When a Mexican-American suffers from empacho, it is often suspected that the illness has been caused by the individual having been required to eat against his will. For instance, one may not be hungry at the time one is invited to eat at someone's home. To refuse such an invitation would be considered an insult to the host. Eating in a situation such as this would likely result in empacho. It is also believed the disorderd is caused by overeating certain foods (e.g., bananas, biscuits, rolls and too much soft bread). Particularly harmful are bananas and chicharrones (crisp fried pork skins) if followed by water.

2. How might the Mexican-American migrant react to being sick:

a. The difficulty of performing the sick role

Most migrants regard illness as unpleasant. Not only does he experience much physical pain and suffering but being sick deprives hin of certain desirable privileges which he would otherwise enjoy. Migrants sometimes feel that if they become ill, their family and

friends will somehow loose respect for them. They fear social disapproval and want to be viewed by their social group as a whole person. They want to be liked and respected just like you do.

Migrants do not want to be thought inferior, thus they do not readily admit to illness. For them la vida es dura (life is hard) and must be borne with courage and dignity. When a migrant begins to feel sick, he makes every effort to continue performing his tasks as long as possible. He would be regarded as "giving in" to illness with the first symptoms as an admission of weakness or lack of endurance. As he works on the field, he takes pride in his strength and in his ability to carry on in spite of much suffering from the disease.

Men of the migrant community tend to be stoical in their attitudes toward illness. A man that succumbs to illness is not muy hombre (man enough). There are occasions when relatives and friends reward him for his stamina and criticize him when he yields to an infirmity before it becomes serious. For instance, a migrant's wife related an incident, "once mi viejo (my husband) had escalofrios (chills) and fever for three days and couldn't even sleep at night, but he worked every day without giving up." Her husband accpeted this comment as praise and was proud of his endurance.

Thus, the migrant does not readily admit to illness for fear of being labeled a viaja (weakling). They try to be strong and often refuse to accept that they

are sick until it becomes serious.

Children are less frequently expected to ignore physical symptoms of illness. The younger the child, the less stoic he is expected to be. However, some of the adult emphasis on strength carries over into attitudes toward sick children. Some of the young ones may be sent to school with colds, sore throats, skin diseases, or ear infections, since they don't seem very sick. They are expected to carry on normal activities until the disease becomes incapacitating.

b. Reaction to Anglo health service delivery

Migrants have expressed a feeling of mistrust between them and Anglo physicians. His feeling stems from several factors. The migrant considers the physician's fees to be extravagant when compared to his ability to pay and with the particular treatment offered. The language barrier between medical personnel and the migrant who speaks little English interposes a social distance that transcends the difficulty of verbal communication. Additionally, in a study undertaken to obtain information concerning the attitudes of rural physicians toward the medical care of migrant farmworkers (Dean, et. al., 1971), it was found that the older and more permanent physicians more frequently expressed hostile or negative views toward the health care of migrants.

With respect to migrant attitudes toward hospitalization, good medical care requires that the patient be treated for most conditions at home. Clark (1970) observed that for many Spanish-speaking patients, hospi-

talization represents the synthesis of all the most objectionable aspects of Anglo medical care. Among the cultural factors cited as affecting attitudes toward hospitalization are differences in concepts of disease, in language, and in orientation to time. In contrast to this cultural interpretation, McLemore (1963) suggests that the main reason for the difference in attitude toward hospitals between Anglos and Mexican-Americans is the relative level of education. In a study of Mexican and Anglo patients in a large university hospital, he found that Mexican-Americans have less favorable attitude toward hospitalization, but when members of the ethnic groups were compared with Anglos of similar educational levels, the difference disappeared.

c. As has been shown the migrant's understanding of illness provides a basis for his behavior. This depends to a great extent on how closely he is attached to his ethnic traditions. The migrant community in the Wintergarden area is undergoing gradual change. This has occured as a result of frequent contact with the Anglo-American culture which today surrounds it on every side. However, you cannot conclude that all migrants will behave the same because they vary greatly with respect to their identification with their culture.

However, it should be pointed out that Weaver (1973) established in his studies that folk medical beliefs and practices were not an obstacle to the use of medical

services. Creson and others (1969) found in their investigation that such practices did not deter preventive medical care. Moreover, in a study of health care attitudes and behaviors of Chicanos, Farge (1975) found that the use of medical care did not vary with folk medical beliefs and practices. He also found that the use of preventive checkups did not decrease with folk medical beliefs. To summarize, these studies present evidence that there is a degree of folk medical beliefs and practices. Furthermore, the studies do not suggest that these beliefs conflict with the belief in modern medicine or in seeking medical care appropriate to one's needs as is generally believed.

APPENDIX D: POSITION NETWORK

SEMANTIC DIFFERENTIAL

POSITION NETWORK

Source: G. Lundberg, C. Schrag, O. Larsen. "Social Structure: Integration of Positions and Roles." New York: Harper & Row, 1963, pp. 145-150.

The following paragraphs have been extracted directly from the source indicated above to provide a brief definition description of Position Network.

Components of Social Structure and How They Are Integrated

In order to achieve certain objectives, all groups and societies organize their activities into a social structure. Components of any given structure include: (1) a normative system, (2) a position network, (3) a sanction system, (4) a set of anticipated responses, and (5) a system of action. Action is the end product. Norms, positions, sanctions, and anticipations are designed to produce coordinated actions. Ideally, norms are attached to positions and enforced by sanctions so that members of the group can anticipate the action and thus achieve the initial objectives. This ideal cannot be attained unless the components of the social structure are adequately integrated. The following discussion is concerned with some problems of structural integration. (p. 146)

A. The Normative System: Social structure is based on norms that spell out the roles required of given persons depending upon their social positions. Two kinds of role requirements can be discerned:

a. Role prescriptions: Formal laws, rules, regulations. Usually written. Enforced by official rewards and penalties.
b. Role expectations: Informal codes of etiquette or propriety. Often unwritten. Enforced by unofficial means, such as ostracism, ridicule, respect, prestige, etc.

Effectiveness of role requirements depends largely on their clarity and consistency. Role clarity refers to the amount of difficulty involved in understanding exactly what the requirements are. Role consistency depends on the number of contradictions found among role requirements. In prison, for example, role requirements for

conformity as a result of their indoctrination and other forms of socialization. However, few if any groups can rely entirely upon voluntary conformity. For this reason they employ sanction systems consisting of rewards and penalties for desired and undesired behavior. Sanctions may be positive (rewards) or negative (penalties). They may be physical (use of force, imprisonment, etc.) or social (use of ridicule, prestige, etc.). Again, they may be oficially administered by courts and other accredited agencies, or they may be applied unofficially by the group's members. Generally, the nature and severity of the sanctions employed depends on the nature and severity of the norm violations. For minor violations, the group's members may refrain temporarily from interacting with or expressing friendship for the offender. Should the violations persist, the offender may lose prestige and acquire a bad reputation. Severe and persistent violations often result in ridicule, fines, or excommunication of the offender. If the offender does not change his attitude and performance, he may be permanently deprived of group membership.

Both internal restraints and external sanctions are ordinarily required to bring about conformity. Unless the group's members are effectively attached to the normative system, they are not likely to support the system of sanctions. (p. 149)

Behavior, in any given case, is influenced by the actor's anticipations concerning the effects of his action. When norm violations do not result in the anticipation of negative sanctions, the norms are likely to be ineffective. This is why sanction systems are an essential part of social structure.

Not all social positions are desirable. Nor do all assigned roles call for approved behavior. All groups have their nonconformists, rebels, outsiders, and outcasts. These disapproved roles are as surely influenced by social pressures as are approved roles. Disapproved roles are not often required by social norms, but they are frequently anticipated by the group's members. A child may for some reason get a reputation as a "bad boy." Many people may therefore anticipate disapproved conduct on his part. These negative evaluations and anticipations may encourage the child to behave badly. The reverse process may also occur. If a "bad boy" can be assigned a role in which approved behavior is both prescribed and anticipated, the role may help to reform him and change his social position.

inmates are often clear but inconsistent. To the extent that requirements are unclear or inconsistent, the normative system is disorganized.

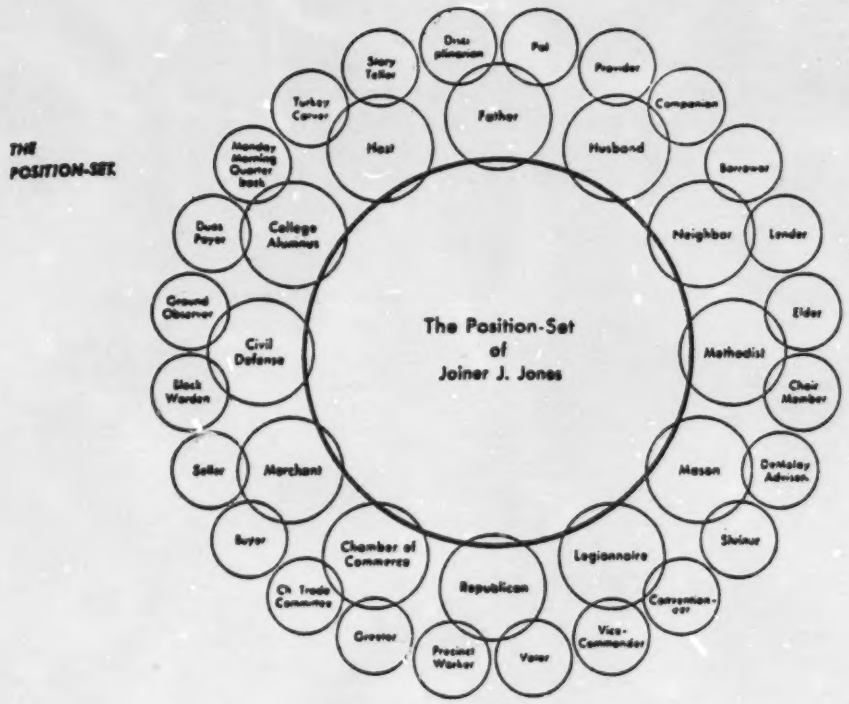
B. Position Networks: A group's effectiveness depends on the way diverse roles are interconnected in the division of labor. Roles are allocated according to the positions people occupy in the group's interaction system. Positions are assigned on the basis of personal characteristics (age, sex, training, etc.), social activities (leader, follower, innovator, etc.), and institutional functions (parent, employer, salesman, etc.). The various positions that have an important reciprocal relationship with each other comprise a position network. Figure 6 in the manual itself shows, in a very general way, a position network for some of those interacting in the position network of the Texas Migrant Council Child Abuse and Neglect Prevention Project.

Each position has its own set of role requirements. Its relationship with other positions is regulated by role prescriptions and/or expectations. . . . The function of position networks is to bring some order into the myriad relationships that characterize an organized group. (p. 148)

Two other features of position networks should be noted. The first is that people may occupy different positions in the various groups to which they belong. Thus, a caseworker may be a husband, father, precinct committeeman, lodge member, deacon, etc. In order to designate the different positions occupied by a given person at a given time, the term position-set is employed. See Figure 26 for an illustration. The second feature is that positions within a network are often connected in time-series or sequences so that one position follows another naturally and leads in turn to still another. Position sequence is the term used to identify positions that have such a serial order. All societies, for example, recognize the child-adult-aged sequence. . . . Position-sets and sequences help to organize social life by regulating the repertoire of roles required of any given person.

C. The Sanction System: In order for social groups to operate harmoniously and effectively, it is necessary that performances conform to role requirements. Group members often conform voluntarily as a result of their indoctrination and other forms of socialization. However, few if any groups can rely entirely upon voluntary

Figure 26: Indicated are some of the positions and roles an adult male may have in modern urban society. (p. 149)



The Semantic Differential

Source: Fred Kerlinger, Foundations of Behavioral Research, 2nd Edition. New York: Holt, Rinehart and Winston, Inc., 1973. Chapter 33, pp. 566-581.

The following paragraphs have been extracted directly from the source indicated above to provide a brief (but more detailed than in the manual) definition, description and discussion of the Semantic Differential.

> The semantic differential (SD) is a method of observing and measuring the psychological meaning of concepts. Although everyone sees things a bit differently, sometimes very differently, there must be some common core of meaning in all concepts. Indeed the definition of concept makes this clear. People must to a great extent share behavioral and verbal definitions of things. We say, "I can't give you a definition of it, but I know what it means." We talk to one another only through shared meanings of words. The public school parent and the parochial school parent share the meaning of the word school, even though each has a different perception of the concept. Any concept, then, has a common cultural meaning. It also has other meanings, some of them shared by different groups of people, some of them more or less idiosyncratic.
>
> Osgood invented the semantic differential, henceforth called SD, to measure the connotative meanings of concepts as points in what he has called "semantic space." (p. 566)
>
> An actual SD consists of a number of scales, each of which is a bipolar adjective pair, chosen from a large number of such scales for a particular research purpose, together with the concepts to be rated with the scales. The scales, or bipolar adjectives, are seven-point (usually) rating scales, the underlying nature of which has been determined empirically. That is, each scale measures one, sometimes two, of the basic dimensions or factors that Osgood and his colleagues have found to be behind the scales: Evaluation, Potency, Activity. These factors may be called clusters of adjectives.

Through research, Osgood has found that, when analyzed, adjective pairs like good-bad, bitter-sweet, large-small, and clean-dirty fall into clusters. The most important cluster seems to consist of adjectives that are Evaluative, such as good-bad and pleasant-unpleasant. A second cluster has adjectives that seem to share strength or Potency ideas. Strong-weak and rugged-delicate are examples. A third important factor is called Activity because its adjectives seem to express motion and action. Fast-slow and hot-cold are examples. [See example in manual.] (pp. 568-569)

Concepts

In using the SD in research, the first step is to choose the concepts or other stimuli that will be rated with the bipolar adjectives. This is the most important part of the job. The concepts must, of course, be relevant to the research problem. If we were studying educational environments as perceived by teachers, for example, we might use concepts like those in Fig. 33.1: SCHOOL, PUPIL, TEACHING, PRINCIPAL, DISCIPLINE, and so on. If one were using the SD to measure social attitudes, one would carefully select concepts that are known to tap the attitudes, or are likely to do so, and that would cover substantial parts of the semantic space. These can include the names of public figures of known attitudes, like WALLACE, NIXON, KING, AND KENNEDY. One assumes that the meanings associated with such names are related to people's social attitudes. A conservative's meaning space of these four names is probably very different for a liberal's. (p. 269)

There are two general requirements for the selection and use of concepts. One, they must elicit varied responses from different individuals. In other words, they must produce large variance among persons. If they do not, if different people respond to them more or less the same, they are useless for research purposes. Two, they should cover, to some extent, the semantic space. This is not a fixed requirement in all research. In an experimental study in which an investigator is interested only in measuring a single variable, for instance, he might have no interest in covering the semantic space. Studies that pursue meanings of concepts, however, require enough of the semantic space to provide differences in responses to different concepts. (p. 570)

Scales

The second step in the construction of the instrument, Osgood tells us, is to select appropriate scales or

adjective pairs. Two main criteria determine the selection: factor representativeness and relevance to the concepts used. Perhaps in most cases investigators will want to use scales representative of the three main factors discussed earlier. It is possible, however, that an investigator may wish to use scales of factors other than the three main ones. DiVesta, for instance, in addition to the E, P, and A factors, found other factors: WARMTH, NOVELTY-REALITY, TAUTNESS. In general, however, the E, P, and A factors have been well-substantiated and should be first considered by researchers.

On the other hand, the investigator may often need only the scales of one factor, most likely the Evaluation factor. This would be true in studies of attitudes and values. In some research cases, too, an investigator may decide it is necessary to include scales whose factor identity is not known. After all, Osgood's original 50 scales by no means exhaust adjective possibilities. One might wish to use polarities like progressive-traditional and permissive-restrictive in a study of educational attitudes. These pairs do not appear in Osgood's original list. Generally, however, the original list will probably be adequate for most purposes.

Osgood and his colleagues use a small sample of factorially related scales to represent each factor, each scale highly "loaded" on one factor and not on the others. For example, nine scales may be used with three Evaluation, three Potency, and three Activity scales [we used four for each]. The sums or averages of the three scales on each factor are ordinarily used as scores.

The second criterion of scale selection, relevance to the concepts used, is much more difficult to satisfy. In many cases, it is quite clear that an adjective pair is related to a concept. If one of the concepts being judged is FATHER, it is obvious that adjective pairs like good-bad, young-old, pleasant-unpleasant, and so on are suitable, since any of these pairs can be used to modify FATHER. (pp. 570-571)

Project personnel were asked to respond to twelve bi-polar pairs (see next page) for the six positions in the network previously described: Migrant, TMC caseworker, Protective Services worker - North, Protective Services

workers - Texas, Child Abuser, Child Neglector. In addition, we asked the caseworkers, using the same scales, to indicate how they thought others: protective services workers, and the general public would respond to these concepts.

Migrant

1.	pleasant	___	___	___	___	___	___	___ unpleasant
2.	angular	___	___	___	___	___	___	___ rounded
3.	passive	___	___	___	___	___	___	___ active
4.	ugly	___	___	___	___	___	___	___ beautiful
5.	delicate	___	___	___	___	___	___	___ rugged
6.	fast	___	___	___	___	___	___	___ slow
7.	good	___	___	___	___	___	___	___ bad
8.	weak	___	___	___	___	___	___	___ strong
9.	dull	___	___	___	___	___	___	___ sharp
10.	deep	___	___	___	___	___	___	___ shallow
11.	heavy	___	___	___	___	___	___	___ light
12.	dark	___	___	___	___	___	___	___ bright

APPENDIX E: HISPANICS HAVE POTENTIAL FOR GREAT CONTRIBUTIONS

Hispanics have potential for great contributions

By MOISES SANDOVAL

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